Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **July 16 through 31st, 2002**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

| , | | | | THE GOE | 3 App Wval 60 4348-4043 |
|--|-------------------------------|---------------------------|------------------------------|--|--|
| APPLICATION F | OR | 2. DATE SUBMITTED | | App. It identifier | |
| FEDERAL ASSIS | STANCE | 07/18/02 | | l IIII iii a | 1 2002 |
| 1. TYPE OF SUBMISSION | | 3. DATE RECEIVED BY STATE | | State Application Identifier | |
| Application ☐ Construction | Preapplication Construction | 4. DATE RECEIVED B | VACENCY | Federal Off Nife C OL E A | |
| ☐ Construction ☐ Non-Construction | ☐ Non-Construction | 07/19/02 | I AGENOT | Federal STATE CLEA | RING HOUSE |
| 5. APPLICANT INFORMATION | ! | | Organizational U | 1_14. | |
| Legal Name: California Cit | ry Municinal A | irport | - | California Cit | V) |
| Address (give city, county, | | ripore | Name and telep | hone of the person to be conta | acted on matters involving |
| 21000 Hacieno | | | ŀ | (give area code) | 7 |
| California C | ity, CA 93505 | | Tom Wei. | 1 (760) 373-486 | / |
| | | | | | -2-1 |
| 6. EMPLOYER IDENTIFICATION | ON NUMBER (EIN): | | 7. TYPE OF APPLI | ICANT: (enter appropriate lette | C C |
| 9. 5 | - 2 4 0 | 8 7 6 3 | A. State B. County | H. Independent School C I. State Controlled Institu | |
| 8. TYPE OF APPLICATION | | 01/1013 | C. Municipal | J. Private University | story or riighor boarming |
| 52l New | ☐ Continuation | ☐ Revision | D. Township E. Interstate | K. Indian Tribe L. Individual | |
| • | | - 1.07/3/01/ | F. Intermunicip | al M. Profit Organization | |
| If Revision, enter appropri | L | | G. Special Dist | rict N. Other (Specify): | |
| A. Increase Award D. Decrease Duration | | . Increase Duration | 9. NAME OF FED | ERAL AGENCY: | - Line and the second s |
| J. 00010400 Da. 41.00 | | | 1 | Aviation Admin | istration |
| 10. CATALOG OF FEDERAL D | OMESTIC I | - | 11 necepiativi | E TITLE OF APPLICANT'S PROJEC | T - |
| ASSISTANCE NO. | 2 (| 0 - 1 0 6 | | of current Mast | |
| TITLE: | | | reflect | changes in air | field conditio |
| | t Master Plan | | and FAA | design standar | ds. |
| 12. AREAS AFFECTED BY P. | ROJECT (cities, counties, sta | ites, etc.): | | mental review o examined. | f changes will |
| City of Ca | alifornia City | | also be | examined. | ÷ |
| | | | | | |
| 13. PROPOSED PROJECT Start Date Endir | 14. CONGRESSIO | NAL DISTRICTS OF: 21 | <u>st Distr</u> | ict b. Project | |
|] | | | | | |
| Oct 2002 09/3 | | ia City Mur | * | Airport Mast | |
| 15. ESTIMATED FUNDING: | | | | SY STATE EXECUTIVE ORDER 123 | |
| a. Federal | 150,000 .00 | | | ATION WAS MADE AVAILABLE TO 372 PROCESS FOR REVIEW ON : | inc. |
| b. Applicant | 7,500 .00 | DATE _ 7 / | 19/02 | <u>.</u> | |
| c. State | | | RAM IS NOT COVER | ED BY E.O. 12372 | |
| | | | ROGRAM HAS NOT B | EEN SELECTED BY STATE FOR R | EVIEW |
| e. Other | .00 | | | | |
| f. Program Income | .00 | 17. IS THE APPLICAN | T DELINQUENT ON A | ANY FEDERAL DEBT? | |
| g. TOTAL Yes If "Yes" attach an explanation X No | | | | | |
| 18. TO THE BEST OF MY KI | NOWLEDGE AND BELIEF, ALL D | ATA IN THIS APPLICATIO | N/PREAPPLICATION | ARE TRUE AND CORRECT, THE | DOCUMENT HAS BEEN DULY |
| a. Typed Name of Author | | II AND THE APPLICANT | b. Title | THE ATTACHED ASSURANCES IF | c. Telephone number |
| Jack P. S | Stewart | | City Man | nager | 760-373-8670 |
| d. Signature of Authorize | ed Representative | | | · · · · · · · · · · · · · · · · · · · | e. Date Signed |
| JACIP 1 | Leva L | | | | 7/18/02 |
| Previous Editions Not Us | able | | WY | Stan | dard Form 424 (REV 4-88) |

| APPLICATION FOR FEDERAL ASSISTANC | E | 2. DATE SUBMITTED Applicant Identifies | | | | |
|--|--|--|--|--|--|--|
| TYPE OF SUBMISSION Application | Preapplication | 3. DATE RECEIVED BY ETATE E V | State Application Identifier | | | |
| io Construction 8 Non-Construction | © Construction © Non-Construction | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier | | | |
| 5. APPLICANT INFORMATION | | STATE CLEARING | HOUSE | | | |
| Legal Name: Bay Area Air Qua. | lity Management District | Organizational Unit | | | | |
| Address (give city, county, state, and zip code): 939 Ellis Street San Francisco, C. | A 94109 | Name and telephone number of the person to be contacted on matters involving this application (give area code) Ronald C. Raimondi, Finance Manager (415) 749-4957 | | | | |
| 6. EMPLOYER IDENTIFICATION (EIN): 9 4 1 6 2 2 7 4 6 | | 7. TYPE OF APPLICANT: (cotter appropriate letter here) A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe | | | | |
| 8. TYPE OF APPLICATION: XENew 0 Continuation 0 Revisio If Revision, enter appropriate letter(s) in box(es). A. Increase Award B. Decrease C. Increase Duration D. Decrease Other Specify: | : D 0 : Awurd | E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify):G | | | | |
| Oner Specif. | | 9. NAME OF FEDERAL AGENCY: Environmental Protection Agency | | | | |
| 10. CATALOG OF FEDERAL | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: | | | | |
| DOMESTIC ASSISTANCE NUMBER: 66 | 6.606 lies, Investigations, pecl | Section 103 Air Grant Funding: Continued support of the District's air monitoring for dioxins in the San Francisco Bay Area \$ 65,000.00 | | | | |
| Alamdea, Contra Cost Francisco, San Mated and Sonoma | | | | | | |
| 13. PROPOSED PROÆCT: | 14. CONGRESSIONAL DISTRICT OF: | | | | | |
| Start Date End Date 8/1/02 12/31/03 | a. Applicant: . 02 | 04-13 | b. Project | | | |
| 15. Estimated Funding: | | 16. IS APPLICATION SUBJECT TO REVIE | W BY STATE EXECUTIVE ORDE | | | |
| e. Federal | \$ 65,000.00 | 12372 PROCESS7 | | | | |
| b. Applicant | s | YES. THIS PREAPPLICATION/APPLIC TO THE STATE EXECUTIVE ORDER 1 ON: | | | | |
| c. State | \$ | DATE 7/31/02 | | | | |
| d. Local | \$ | b. NO. | | | | |
| e. Other | s | PROGRAM IS NOT COVERED BY E OR PROGRAM HAS NOT BEEN SEL | | | | |
| f. Program Income | \$ | 17. IS THE APPLICANT DELINQUENT ON ANY E | EDERAL DEBT7 | | | |
| E. TOTAL \$ 65,000 .00 | | O Yea If "Yes" attach an explanation. | D No | | | |
| 18. TO THE BEST OF MY KNOWLEDO BEEN DULY AUTHORIZED BY TH THE ASSISTANCE IS AWARDED. | GE AND BELIEF. ALL DATA IN THIS APPLICAN | PLICATION/PREAPPLICATION ARE TRUE AND COR IT AND THE APPLICANT WILL COMPLY WITH THE | RECT. THE DOCUMENT HAS E ATTACHED ASSURANCES IF | | | |
| a. Typed Name of Authorized Representative. | len Garvey | b. Tale: Air Pollution Control Offic | c. Telephone Number (415) er 749-4970 | | | |
| d. Signature of Authorized Representative | | | e. Date Signed | | | |
| ((| Loe Comment | | 7/30/02 | | | |
| Previous Educare Nat Limble | | | Sandard Form 424A (REV 48) Prescribed by OMS Curtular A-107 | | | |
| · | 1 | | • | | | |

| | | | | | | | | Approval No. 0348-0043 |
|--------------------------------------|--------------------|--|-----------------|-------------------------------------|--|---|--|--|
| APPLICATION FOR 2. DATE SUE | | 2. DATE SUBMIT | TEO | | ant Identifier | | | |
| FEDERAL AS | SSISTA | NCE | | 8/13/02 | | RA 93-2 | | |
| 1. TYPE OF | | | | 3. DATE RECEIVE | ED BY STATE | | State Application Identifier | |
| SUBMISSION: Application | Preapplicati | | | | | | | |
| | ☐ Constru | ction | | 4 DATE RECEIVE | ED BY FEDERAL AGENCY | | Federal Identifier | |
| ☐ Non-Construction | ☐ Non-Co | nstruction | | | | | | Transferror Control of the Control o |
| 5. APPLICANT INFOR | RMATION | | | | , , | | | |
| Legal Name: | | | | | Organizational Un | | | |
| City of River | side | | | | | | cipal Airport | |
| Address (give city, county | y, state, and zi | p code) | | | Name and telepho this application (g | | | tracted on matters involving |
| 6951 Flight R | | | | | John J. | | | |
| Riverside, DA | 92504 | | | | (909) 35 | | | |
| | | | | | | | | |
| EMPLOYER IDENTIFICA | ATION NUMBE | ER (EIN): | | | 7. TYPE OF APP | LICANT: | (enter appropriate letter i | n box) |
| 9 5 - | 6 0 | 0 0 | 7 | 6 9 | A. State | | H Interdependent Sch | ool District |
| ا لنا لنا ا | LY LY | Ľ Ľ | L | Lil Lil | B. County C. Municipal | | J. Private University | titution of Higher Learning |
| 8 TYPE OF APPLICATE | ION. | , | | | D. Township E. Interstate | | K Indian Tribe L Individual | en the covery sense and a sense of an anti-conference and a sense of the covery sense of the conference and the conference and the covery sense and the cove |
| X Nev | w Mr | ontinuation | Revision | on. | F. Internunicipal G. Special Distric | | M Profit Organization | |
| | | _ | | r | G. Special Distill | υ (| N Other (Specify) | NI A COLONA AND |
| If Revision, enter approp | mate letter(s) ii | | | | | | | JUL 3 1 2002 |
| A Increase Award D Decrease Duration | | | Increas | se Duration | | | | 2009 A. V. 1000 |
| | | ,, | | | 9 NAME OF FE | DERAL A | GENCY | STATE CLEARING HO |
| | | | | | Federal | Aviat | ion Administr | ation |
| 10. CATALOG OF FEDERA | U DOMESTIC | | | | 11. DESCRIPTI | VE TITLE | OF APPLICANT'S PROJ | ECT: |
| ASSISTANCE NUMBER | ſ | 7 0 | | 0 6 | -1 | | | halt overlay of |
| TITLE: Airport Improve | _{ement} L | 7 0. | | | 1100 | | | nort/runup area |
| Program (AIP) 12. AREAS AFFECTED | BY PROJEC | T (cities, counties, | states, e | (c.): | | | | in three areas |
| | | | | | of Rivers | side A | Airport (see m | nap). |
| | | | | | | | | |
| 13. PROPOSED PROJ Starf Date E | ECT Ending Date | a. Applicant | SIONAL | DISTRICTS OF | | b. Proje | ect | |
| | Ŭ | 43d | | | | 430 | i | |
| 15. ESTIMATED FUNDI | ING | <u> </u> | | | | | TATE EXECUTIVE ORD | |
| a. Federal AIR-21 | \$ | 150,000 | 00 | | | | ATION WAS MADE AVAI 72 PROCESS FOR REVI | |
| b. Applicant | \$ | 54,300 | 00 | | | | | |
| c. State | \$ | | 00 | • | DATE: | | | |
| d. Local | \$ | 7,300 | | b. NO | PROGRAM IS NO | T COVER | ED BY E. O. 12372 | |
| e. Other | \$ | | | | | | | TE EOD DEVIEW |
| | | | | 17 IO THE ADDI | | OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW CANT DELINQUENT ON ANY FEDERAL DEBT? | | |
| f. Program income | \$ | · | | II. IO INE APPL | NOWLE DEFINANCEM! | JIN MINT E | LUCIONE DEUT! | |
| g. TOTAL | \$ | 211,800 | | | f yes, attach an explana | | | No |
| 18 TO THE BEST OF | MY KNOWLE | DGE AND BELIEF | , ALL DA | ATA IN THIS APPL NT AND THE APPI | ICATION ARE TRUE A | ND CORE | RECT, THE DOCUMENT E ATTACHED ASSURAN | HAS BEEN DULY ICES IF THE ASSISTANCE IS |
| AWARDED | | | | raso tricini t | and the second s | | | |
| a Typed Name of Aut George A. Ca | | 1 | . Title Citv | Manager | | | A | c. Telephone number (909) 826-4761 |
| d. Signature of Authori | | | x | | | | | e. Date Signed |
| | | | | | | | | |
| Previous Editions Not L | Usable | The second secon | , | | | | | Standard Form 424 (REV 4-88) |

Authorized for Local Reproduction

APPLICATION FOR FEDERAL ASSISTANCE

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| OT. | - | 2 | . DA | TE S | SUBM | IITE | A/02 | |

| S | TE CLEARING HOL | ATS |] |
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| | OMB Appro | val No. | 0348-0043 |

| Building Project 2nd District - Wally Herger 2nd Date 3/1/02 | FEDERAL ASSISTAN | | 2. DATE SUBMITTED | 1/07 | Applicate donutile (| The Inn |
|--|--|---|---------------------------------------|---------------------------------------|--|-----------------------------|
| Construction Cons | TYPE OF BURMISSION | STATE | CLEARING HOL | | | |
| Construction Cons | [· · · · · · · · · · · · · · · · · · · | 1 | - Oprivision | THATE | State Application dent | 1/1/ |
| SPECANT MOREOMATION Legal Hann: Sierra Country Child Abuse Council Address (dive city causity, State, and sip cools). Loyal ton, Sierra Country, CA 96118 E BUPLOYER (UBRITICATION MUMBER (2016)). E MANNE and supprise number of senon to be considered on matters involved in behavior of senon to be considered involved in behavior of senon to be considered involved in behavior of senon to be companied to behavior of senon to be companied to behavior of senon to behavior of senon to be companied to behavior of senon to behavior of | 1 | | 4. DATE RECEIVED B | Y FEDERAL AGENCY | Federal deathler | 생 김 (내 |
| Captivation Country Child Abuse Council Congarbateral Libe Country Child Abuse Council | | Won-Construction | 2-20-0 | | | |
| Sierta County Child Abuse Council Agences (pive ety, carry, State, and pive color) P.O. Box 1016, 315 Main St. Loyalton, Sierta County, Ca 96118 EMPLorer Dentrication Number (pill): [5] 3 | | | . | | | |
| Name and Nichtons number of person it be commanded on matters involving the property of the pr | | 1d Abusa Coun | ci l | Organizational Unit: | | |
| P.O. BOX 1016, 315 Main St. LOYALTON, Sierra County, CA 96118 Semi-Loyar Dennification Number (giny): 6 3 | | | | Name and tologhous | | |
| Loyalton, Sierra County, CA 96118 Lynda L. Dickman (530) 993-1110 | | | | this application /ohe | r number of person it be o area cade) | muziced on matters involvin |
| A State H. Independent School Dist. Revision Revisio | l · | | 6118 | 1 | | 993-1110 |
| A State B. TYPE OF APPLICATION: Conditional Continuation Revision Revi | 6. EMPLOYER IDENTIFICATION | NUMBER (EIN): | · · · · · · · · · · · · · · · · · · · | 7. TYPE OF APPLIC | ANT: (enter appropriate le | etter in boxi |
| E. TYPE OF APPLICATION: E. Wew Continuation Revision Revision, enter appropriate initiarity in box(es) D. Township A. Increase Award B. Decrasea Award C. Increase Duration D. Decrase Duration Otherspecify: USDA Rural D. Township E. International M. Post Organization D. Decrase Duration Otherspecify: USDA Rural Development D. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: To purchase land and building for a non-profit organization in developing essential community Facilities Grant Program D. APPOPUSED PROJECT TAL CONGRESSIONAL DISTRICTS OF: 2nd District Wally Herger D. PROPOSED PROJECT TAL CONGRESSIONAL DISTRICTS OF: 2nd District Wally Herger D. Project Sign Date Ending Date Applicant S. C. Child Abuse Council E. ESTIMATED FUNDING: To Community Facility purchase S. Councy S. C. Child Abuse Council S. SETIMATED FUNDING: To REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: To PROGRAM IS NOT COVERED BY E. O. 12572 Solds S. C. 100.00 S. C. Child Abuse | 6 8 - 0 1 5 3 | 5 7 8 | | | | N |
| Revision, enter appropriate inturity) in box(es) | 8. TYPE OF APPLICATION: | | | | | |
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| A increase Award 3. Decrease Award C. Increase Duration D. Decrease Duration Chertase Curation C. Decrease Duration Chertase Curation D. Decrease Duration Chertase Chiral S. NAME OF FEDERAL AGENCY: USDA Rural Development 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10 | | | | • | , | |
| A. Increase Averd D. Decrease Duration Cherrapecify: S. Applicant C. Increase Duration C. Increase Current C. Incr | If Revision, enter appropriate letter | r(s) in box(es) | | 1 | ===: | |
| D. Decrease Duration Obserspecify: 3. NAME OF FEDERAL AGENCY: USDA Rural Development 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [1] 0 | A Increme Award 9 Dage | | | 1 | | (m) /2\manna=6+ |
| In Catalog of Federal domestic assistance number: In Catalog of Federal domestic assistance number: In Catalog of Federal domestic assistance number: In Descriptive Title of applican "s project: To purchase land and building for a non-profit organization in developing essential community facilities (i.e. Family Resource Jenter) Signapare Ending Date Internation Interna | | | reze cotatiou | G. Special District | N. Other (Specify) 201 | (C) (3) HOUDI OF IC |
| TILE: COMMUNITY Facilities Grant Program TILE: COMMUNITY Facilities Grant Program TILE: COMMUNITY Facilities Grant Program TO purchase land and building for a non-profit organization in developing essential community facilities (i.e. Family Resource Center) Sierra County, California TO PROPOSED PROJECT Building Project Ac CORRESSIONAL DISTRICTS OF: 2nd District - Wally Herger TAND DISTRICT Wally Herger TAND DISTRICTS OF: 2nd District - Wally Herger TO purchase land and building for a non-profit organization in developing essential community facilities (i.e. Family Resource Center) TO purchase land and building for a non-profit organization in developing essential community facilities (i.e. Family Resource Center) TO purchase land and building for a non-profit organization in developing essential community facilities (i.e. Family Resource Tenter) To purchase land and building for a non-profit organization in developing essential community facilities (i.e. Family Resource Tenter) To purchase land and building for a non-profit organization in developing essential community facilities (i.e. Family Resource Tenter) To purchase land and building for a non-profit organization in developing essential community facilities (i.e. Family Resource Tenter) To purchase land and building for a non-profit organization. To purchase land and building for a non-profit organization in developing essential community facilities (i.e. Family Resource Tenter) To purchase land and building for a non-profit organization and properties (i.e. Family Resource Tenter) To purchase land and building for a non-profit organization and properties (i.e. Family Resource Tenter) To purchase land and building for a non-profit organization in developing essential community facilities (i.e. Family Resource Tenter) To purchase land and building for a non-profit organization in developing essential community facilities (i.e. Family Resource Tenter) To purchase land and building for a non-profit organization in developing ess | | • / | | 9. NAME OF FEDER | AL AGENCY: | |
| To purchase land and building for a non-profit organization in developing essential community facilities (i.e. Family Resource Zenter) Sierra County, California 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.); Sierra County, California 13. PROPOSED PROJECT 2nd District of 2nd Distri | | | | USDA Ruz | ral Developm∋nt | • |
| TITLE COMMUNITY Facilities Grant Program 2 AREAS AFFECTED BY PROJECT (Cities, Countes, States, etc.): Sierra County, California 3 PROPOSED PROJECT Building Project Ending Date 3/1/02 | 10. CATALOG OF FEDERAL DO | MESTIC ASSISTANCE | NUMBER: | 1. | | |
| Sierra County, California 3. PROPOSED PROJECT (Cities, Countes, Sietes, etc.): Sierra County, California 3. PROPOSED PROJECT (Cities, Countes, Sietes, etc.): Siar Date Ending Date 2nd District - Wally Herger Siar Date Ending Date 3, Applicant | | | 10 - 76 6 | | | |
| Sierra County, California 12. PROPOSED PROJECT Building Project 13. PROPOSED PROJECT Building Project 14. Congressional districts of: 27. Applicant 15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 17. OUter 18. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 18. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 18. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 18. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 19. PROCESS FOR REVIEW ON: 2 YES THIS PREAPPLICATION/APPL CATION WAS MADE AVAILABLE TO THE STATE DIECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 5. No. A PROGRAM IS NOT COVERED BY E. O. 12372 FOR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT OIL ANY FEDERAL DEBT? Yes If Yes, Stisch an explanation. No. 17. IS THE APPLICANT AND THE APPLICANT WILL. COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. Type Name of Authorized Representative Lytida L. DICKINAN SIGNATURE OF AUTHORIZED BY JULY AUTHO | nn e Community | Facilities G | rant Program | | | |
| Sierra County, California 13. PROPOSED PROJECT Building Project Ending Data 3/1/02 | | | | · · · · · · · · · · · · · · · · · · · | | |
| Building Project 2nd District - Wally Herger 2nd Date 3/1/02 | Sierra County, Cal | lifornia | | (1.e. Famil | ly kesource len | iter) |
| 3/1/02 C.O.E. S.C. Child Abuse Council Continuity Facility purchase 5. ESTIMATED FUNDING: Least S. C. Child Abuse Council Continuity Facility purchase 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS THIS PREAPPLICATION/APPL CATION WAS MADE AVAILABLE TO THE STATE DECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: State S. DATE Local S. DATE DATE DATE FOR PROGRAM IS NOT COVERED BY E. O. 12372 MYOR PROGRAM HAS NOT BE! IN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT OI ANY FEDERAL DEBT? TOTAL S. C., 100.00 B. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE CONCLUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WIL. COMPLY WITH THE INTERCHED ASSURANCES IF THE ASSISTANCE IS AWARDED. Type Name of Authorized Representative Lyrida. L. Dickman D. Tillo Executive Director C. Telephone Numbur (530) 993-1110 Fax C. Telephone Numbur (530) 993-1110 Fax C. Telephone Numbur (530) 993-1110 Fax C. Telephone Numbur C. Telephone Numbur (530) 993-1110 Fax C. Telephone Numbur | 11 PROPOSED PROJECT 1 Building Project | 14 CONGRESSIONAL 2nd Dist | DISTRICTS OF: rict - Wally Her | ger | | |
| 5. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: 17. Applicant 18. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: 18. AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: 18. No. APPROGRAM IS NOT COVERED BY E. O. 12372 19. Other 10. No. APPROGRAM IS NOT COVERED BY E. O. 12372 10. Other 11. IS THE APPLICANT DELINQUENT OIL ANY FEDERAL DEBT? 11. IS THE APPLICANT DELINQUENT OIL ANY FEDERAL DEBT? 12. Yes If Yes, attach an explanation. 13. IN ORDER 12372 PROCESS TO REVIEW BY STATE EXCITATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BIODY OF THE APPLICANT AND THE APPLICANT WIL. COMPLY WITH THE STRUCK ASSURANCES IF THE ASSISTANCE IS AWARDED. 15. TIGO 15. Local Signed Control of Representative Lyrida. L. Dickman 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE OF THE STATE DECUTIVE ORDER 12372 PROCESS TO REVIEW BY STATE EXECUTIVE ORDER 1 | | | | b. Project | | |
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| Total \$ 62,100.00 \$ Applicant \$ YES THIS PREAPPLICATION/APPL CATION WAS MADE AVAILABLE TO THE STATE DISCUTIVE ORDER 12372 PROCESS FOR REVIEW ON: Date | 15. ESTIMATED FUNDING: | | | 16. IS APPLICATION | SUBJECT TO REVIEW | BY STATE EXECUTIVE |
| 72,000.00 Applicant \$ 9,900.00 State \$ 0,900.00 DATE DATE Code C | ⇒ Foderal (| œ. | 26 | ORDER 12372 P | ROCESS7 | |
| AVAILABLE TO THE STATE DISCUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE DATE DATE 5. No. M. PROGRAM IS NOT COVERED BY £ 0. 12372 Other S OF PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? TOTAL S 62,100.00 Tyes if Yes," sitisch an explanation. No S TO THE BEST OF MY KNOWLEDGE AND BELLEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WIL. COMPLY WITH THE AUTHORIZED REPRESENTATIVE LYTICAL L. DICKTIAN Signature of Authorized Representative LYTICAL REPRESENTATION Signature of Authorized Representative LYTICAL L. DICKTIAN Signature of Authorized Representative LYTICAL REPRESENTATION Signature of Authorized Representation Signature of Authorized Representative LYTICAL REPRESENTATION Signature of Authorized Representative LYTICAL REPRESENTATION Signature of Authorized Representative AUTHORIZED REPRESENTATION Signature of Authorized Representative AUTHORIZED REPRESENTATION Signature of Authorized Representative Signature of Authorized Representative AUTHORIZED REPRESENTATION Signature of Authorized Representative Signature o | | | • | A VES THIS DOG | ARRIGATION/ARRIGAT | TON WARE |
| 9,900.00 PROCESS FOR REVIEW ON: DATE DATE DATE DATE DATE DOI: Other S OTHER Program income S TOTAL S 62,100.00 B. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE COCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WIL. COMPLY WITH THE AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WIL. COMPLY WITH THE AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WIL. COMPLY WITH THE AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WIL. COMPLY WITH THE AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WIL. COMPLY WITH THE AUTHORIZED BY THE ASSISTANCE IS AWARDED. Type Name of Authorized Representative Lynda. L. Dickman D. Title Executive Director C. Telephone Number (530) 993-1110 FAX B. Date Signed 2/14/02 | b. Applicant | \$ | | 11 / | | - |
| DATE Local S DATE b. No. A PROGRAM IS NOT COVERED BY E. 0. 12372 Other S OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT OIL ANY FEDERAL DEBT? TOTAL S TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE ACCOUNTY HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT WIL. COMPLY WITH THE ACTIONATED BY THE ASSISTANCE IS AWARDED. Type Name of Authorized Representative Lynda. L. Dickman DATE D. No. PROGRAM IS NOT COVERED BY E. 0. 12372 FOR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT OIL ANY FEDERAL DEBT? I Yes If Yes," attach an explanation. No STATE APPLICANT AND THE APPLICANT WIL. COMPLY WITH THE ACTION OF THE APPLICANT AND THE APPLICANT WIL. COMPLY WITH THE ACTION OF AUTHORIZED BY THE ASSISTANCE IS AWARDED. Lynda. L. Dickman D. Tide Executive Director C. Telephone Number (530) 993-1110 FAX AUTHOR 2/14/02 | | 9,900.00 | | 1 | | |
| b. No. PROGRAM IS NOT COVERED BY E. 0. 12372 Other S On PROGRAM IS NOT COVERED BY E. 0. 12372 Other S On Program Income S On Incomplete In | c. State 1 | 5 | au - | · 'DATE | | |
| Frogram income \$ 00 17. IS THE APPLICANT DELINQUENT OIL ANY FEDERAL DEBT? \$ 62,100.00 8. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WIL. COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. Type Name of Authorized Representative Lytida. L. Dickman Executive Director C. Telephone Numbur (530) 993-1110 Fax 2/14/02 | d. Local S | \$ | 56 | | | |
| Program income \$ 00 17. IS THE APPLICANT DELINQUENT OIL ANY FEDERAL DEBT? 17. IS THE APPLICANT DELINQUENT OIL ANY FEDERAL DEBT? \$ 62,100.00 | | · · · · · · · · · · · · · · · · · · · | | | | |
| Program income S 17. IS THE APPLICANT DELINQUENT OIL ANY FEDERAL DEST? 17. IS THE APPLICANT DELINQUENT OIL ANY FEDERAL DEST? 17. IS THE APPLICANT DELINQUENT OIL ANY FEDERAL DEST? 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WIL. COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. Type Name of Authorized Representative Lynda L. Dickman Executive Director C. Telephone Numbur (530) 993-1110 Fax 2/14/02 | e. Other |) | · | | | ELECTED BY STATE |
| Social So | f. Program income 3 | 3 | | * | | |
| 62,100.00 A TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WIL. COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. Type Name of Authorized Representative Lynda. L. Dickman Executive Director (530) 993-1110 Factorized Representative A Date Signed 2/14/02 | | | | 17. IS THE APPLICA | NT DELINQUENT OI AN | Y FEDERAL DEBT? |
| DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING HODY OF THE APPLICANT AND THE APPLICANT WIL. COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. Type Name of Authorized Representative Lynda L. Dickman Executive Director (530) 993-1110 Fax a. Date Signed 2/14/02 | g. TOTAL | | .36 · | Yes If Yes," | atisch an explanatic n. | 🗵 No |
| DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING HODY OF THE APPLICANT AND THE APPLICANT WIL. COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. Type Name of Authorized Representative Lynda L. Dickman Executive Director (530) 993-1110 Fax a. Date Signed 2/14/02 | 18. TO THE BEST OF MY KNOWL | EDGE AND BELLEF, A | LL DATA IN THIS APPLIC | TIONPREAPPLICAT | ION ARE TRUE AND CO | RRECT, THE |
| Type Name of Authorized Representative Lynda. L. Dickman b. Title Executive Director c. Telephone Number (530) 993-1110 Fax: a. Date Signed 2/14/02 | DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF TH | UTHORIZED BY THE G IE ASSISTANCE IS AV | SOVERNING BODY OF THE | E APPLICANT AND TH | HÈ APPLICANT WIL. CO | MPLY WITH THE |
| Signature of Authorized Representative 4. Date Signed 2/14/02 | a. Type Name of Authorized Repres | sentative | b. Titte | Director | c. Telephone Numbir (530) 993-1 | 1110 - 5- |
| Janua J. XUIXINER 2/14/02 | 1. Signature of Authorized Represe | ntative 6-4 | | | e. Date Signed | 7.73: \ |
| and a william the state of the | Previous Zdition Usable | XUBYLING | | | 2/14 | 1/02 |

| APPLICATION | | 2. DATE SUBMITTED July 15, 2002 | | pplicant Identifier FF-00-1 | |
|---|---|---|--|--|--|
| | SSISTANCE | | | | |
| 1. TYPE OF SUB Application [] Construction | Preapplication | 3. DATE RECEIVED BY | STATE | State Application Identifier | |
| [x] Non-Constru | ction [] Non Construction | 4. DATE RECEIVED BY | FEDERAL AGENCY | Federal Identifier A009009-03-0 | |
| 5. APPLICANT IN | IFORMATION | <u> </u> | | | |
| Legal Name: | | | Organizational Unit: | ` | |
| ······································ | ounty Air Pollution Co | | | Air Pollution Control District | |
| 669 Coun | y, county, state, and zip co ty Square Drive California 93003 | de): | involving this application | mber of the person to be contacted on matters n (give area code) n, (805) 645-1416 | |
| 6. EMPLOYER ID | ENTIFICATION NUMBER (E | N): [0][0][0][9][4][4] | 7. TYPE OF APPLICANT | : (enter appropriate letter in box) [B] | |
| | LICATION: [x]New []C | ontinuation [] Revision | B. County I. St. C. Municipal J. Pr D. Township K. In E. Interstate L. In | ndependent School Dist. ate Controlled Institution of Higher Learning rivate University Idian Tribe dividual | |
| If Revision, en | ter appropriate letter(s) in b | ox(es): [] [] | F. Intermunicipal M. P G. Special District N. O | | |
| Duratio | | | · | | |
| D. Decr | rease Duration Other (spec | otty): | 9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency | | |
| 10. CATALOG O ASSISTANCE | F FEDERAL DOMESTIC [6] NUMBER: | [6]-[0][0][1] | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Ventura County local Air Pollution Control Program for the operation of | | |
| TITLE: A | ir Pollution Control Pro | ogram | an effective program the requirements. | at complies with the Federal and State | |
| 12. AREAS AFFE Ventura 13. PROPOSED F | | | NETRICTE OF | | |
| Start Date | Ending Date | 14. CONGRESSIONAL D | DISTRICTS OF: | b. Project | |
| 10/01/02 | 09/30/03 | | | 23 & 24 | |
| 16. ESTIMATED FUND | ING: | 16. IS APPLICATION SUI | BJECT TO REVIEW BY STATE EX | ECUTIVE ORDER 12372 PROCESS? | |
| | | | | MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 | |
| | • | l | OR REVIEW ON | The state of the s | |
| | | DATE | 07/16/02 | | |
| | | b. NO: [X] PR | ROGRAM IS NOT COVERED BY E.C | 0.12372. | |
| | | | ROGRAM HAS NOT BEEN SELECT | ED BY STATE OF DEVICE OF THE STATE OF THE ST | |
| a. FEDERAL b. APPLICANT | \$ 1,162,14 | · · · · · · · · · · · · · · · · · · · | | | |
| c. STATE | \$ 5,139,405.00 | | | עין JUL 3 0 2002 JUL 3 0 2002 עין | |
| d. LOCAL | \$ 302,400.00 \$.00 | | | | |
| e. OTHER | · · · · · · · · · · · · · · · · · · · | \$.00 | | CTATE OF A DIVIDENCE | |
| f. PROGRAM INCOME | | .00 17. IS THE APPLICANT E | DELINQUENT ON ANY FEDERAL D | EBT? STATE CLEARING HOUSE | |
| | | YES, IF TYEST | ATTACH AN EXPLANATION, | X INC. | |
| g. TOTAL | \$ 6,603,950 | 0.00 | | | |
| 1B. TO THE BEST OF GOVERNING BODY OF | MY KNOWLEDGE AND BELIEF, ALL I THE APPLICANT AND THE APPLICA | DATA IN THIS APPLICATION/PREA INT WILL COMPLY WITH THE ATT | PPLICATION ARE TRUE AND COF | RECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE SISTANCE IS AWARDED. | |
| a. Typed Name | | b. Title | | c. Telephone number | |
| Representative | Raldwin | Air Pollution Co | ntrol Officer | (805) 645-1440 | |
| Richard H. | Authorized Representative | | | e. Date Signed | |
| Kuk | will. Balo | lu- | | 7/16/02 | |

Previous Edition Usable

Authorized for Local Reproduction

DLOTT CONSULTING

| | | | | OMB Approval No. 0348-0043 | |
|---|-----------------------------|--|--|--|--|
| A DOLLO ATION FOR | | | | To the bloom of th | |
| APPLICATION FOR FEDERAL ASSISTAN | ICE | 2 DATE SUBMITTED | - | Applicant light offer JUL 3 0 2002 | |
| FEDERAL Magista | | 7.29.02 | OTATE | State Application Identifier | |
| 1. TYPE OF SUBMISSION: | | 3. DATE RECEIVED BY | PINI# | Federal Carlina TE CLEARING HOUSE | |
| Application | Preapplication Construction | 4. DATE RECEIVED BY | FEDERAL AGENCY | Federal denliffar L ULLATOR | |
| Construction | Non-Construction | | | | |
| Non-Construction 5. APPLICANT INFORMATION | | | Organizational Unit: | C | |
| Legal Name: Collaborative Reseas | Posicile | GOR AGRICULTURE | 1 CALCA 2 V | non-profit organization | |
| | | | Name and telephone | number of person to be contacted on makers internal | |
| LIOS SENDA LADI | ERA, SUITE A | | this application (give | | |
| WATSONVILLE, C | A | | JEFF DLOTT | (831) 786 · 0997 | |
| 6. EMPLOYER IDENTIFICATION | N NUMBER (EIN): | | 7. TYPE OF APPLIC | ANT: (enter appropriate letter in box) | |
| 77-0436 | 1747 | | A. State | H. Independent School Dist. | |
| 8. TYPE OF APPLICATION: | | | B. County | I. State Controlled Institution of Higher Learning | |
| 8. TYPE OF APPLICATION. | Continuation | Revision | C. Municipal | J. Private University K. Indian Tribe | |
| , | · • | ¬ [¬ | D. Township E. Interstate | L. Individual | |
| If Revision, enter appropriate let | let(a) iu pox(aa) | _ | F. Intermunicipal | M. Profit Organization N. Other (Specify) 501(c) 3 NONPROFIT | |
| A. Increase Award B. Dec | crosse Award C. Incres | se Duration | G. Special District | N. Other (Specify) Solicy States | |
| D. Decrease Duration Other | (apecify): | | 9. NAME OF FEDE | RAL AGENCY: | |
| | | | US EPA R | RESION 9 | |
| 10. CATALOG OF FEDERAL D | OMESTIC ASSISTANCE | NUMBER: | | TITLE OF APPLICANT'S PROJECT: | |
| IU, CATALOG OF TESTING | | 66-606 | ECO-LABELIA | OG AS INCOUTIVE FOR | |
| TITLE: FIFRA 12. AREAS AFFECTED BY PR | SECTION 20 | | PESTICIDE RISK REDIKTION | | |
| | | States, etc.): | - restrate those the | | |
| STATE OF CALIF | ORNIA | | | | |
| 18. PROPOSED PROJECT | 14. CONGRESSIONAL | DISTRICTS OF: | | | |
| Start Date Enging Date | a. Applicant | 1 5 | b. Project | , | |
| 10/102 9/3003 | CALIFORNIA: | <u> </u> | All State | N SUBJECT TO REVIEW BY STATE EXECUTIVE | |
| 15. ESTIMATED FUNDING: | | | ORDER 12372 | | |
| a. Federal | \$ 0 | 0,000 | 7 | TO THE SECOND POST OF WAS MADE | |
| | | 0,000 | A. YES. THIS PH | EAPPLICATION/APPLICATION WAS MADE SLE TO THE STATE EXECUTIVE ORDER 12372 | |
| b. Applicant | \$ | • | | S FOR REVIEW ON: | |
| c. State | \$ | .80 | DATE | 7/29/02 | |
| d. Locai | \$ | DB | _ | | |
| | | | b. No. D PROG | RAM IS NOT COVERED BY E. O. 12372 OGRAM HAS NOT BEEN SELECTED BY STATE | |
| e. Other | \$ | | | OGRAM HAS NOT BEEN SELECTED BY STATE EVIEW | |
| f. Program Income | S | œ | 17. IS THE APPLIC | ANT DELINQUENT ON ANY FEDERAL DEBT? | |
| g. TOTAL | \$ | <u>පි0,00</u> 0 | Yes 10 "Yes | ," stisch an explanation. | |
| 18. TO THE BEST OF MY KNO | WLEDGE AND BELIEF, | ALL DATA IN THIS APPLI | CATION/PREAPPLIC | ATION ARE TRUE AND CORRECT, THE | |
| DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES II | | | HE APPLICANT AND | THE APPLICANT WILL COMPLY WITH THE | |
| a. Type Name of Authorized Re | | D. TIME PRESIDENT | | c. Telephone Number (831) 786 0997 | |
| d. Signature of Authedged Rep | resentative | 1 [KESINCIN] | water and the second se | e. Date Signed | |
| DOPE COM | | ì | | 7/26/02 | |

| APPLICATION FOR FEDERAL ASSISTANCE | | | | 2. date submitted ^7/26/02 | Applicant Identifier | | |
|--|--|---|--|--|--|--|--|
| 1. TYPE OF SUBMISSI | ON | | | 3. DATE RECEIVED BY STATE | State Application Identifier | | |
| Application | | Prespplication | | | | | |
| □ Construction Non-Construction | | □ Construction □ Non-Construct | ion | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier A009051030 | | |
| 5. APPLICANT INFOR | MATION | | | | | | |
| Legal Nume: Monter@ | ey Bay Unified A | ir Pollution Co | ontrol District | Organizational Unit: Executive Office | | | |
| Address (give city, county 24580 Silver Cloud | | ey, CA 9394 | 0 | Name and telephone number of the person to be contacted on matters involving this application (give area code) Esta Martin, District Accountant (831) 647-9418 X 229 | | | |
| 6. EMPLOYER IDENTI | FICATION (EIN): 94 | -2301821 | | 7. TYPE OF APPLICANT: (enter appropri A. State H. Independent B. County I. State Controll C. Municipal J. Private Unive D. Township K. Indian Tribe | School District ed Institution of Higher Learning | | |
| 8. TYPE OF APPLICAT If Revision, enter approp A. Increase I C. Increase I | riate letter(s) in box(cs) Award B. Decrease | Award | ion | D. Township K. Indian Iribe E. Interstate L. Individual F. Internunicipal M. Profit Organization G. Special District N. Other (Specify): | | | |
| Other Specify | y: | | | 9. NAME OF FEDERAL AGENCY: EPA Region IX | | | |
| | peral ANCE NUMBER: 66. Pollution Contr | | ipport(105) | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Basin Wide Pollution Program E C E V E | | | |
| 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Monterey, Santa Cruz, and San Benito Counties in California | | |); | | JUL 2 9 00 L | | |
| 13. PROPOSED PROJE | CT: | 14. CONGRES | SIONAL DISTRICT OF: | LON | | | |
| Start Date | End Date | u. Applicunt: | 16th Congression | nal District | b. Project Same | | |
| 10/1/02 | 9/30/03 | | | | | | |
| 15. Estimated Funding: | ······································ | | | 16. IS APPLICATION SUBJECT TO REVIE 12372 PROCESS? | W BY STATE EXECUTIVE ORDER | | |
| a. Federal | CANAL TO SECURITY OF THE SECUR | \$ | 299,629.00 | TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: | | | |
| b. Applicant | | \$ | 2,135,399.00 | | | | |
| c. State | | \$ | 1,187,395.00 | | | | |
| d. Local | | \$ | 166,937.00 | b. NO. PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | | | |
| e. Other \$ 114,650.00 | | 114,650.00 | | | | | |
| f. Program Income \$ 0.00 | | 17. IS THE APPLICANT DELINQUENT ON ANY ☐ Yes If "Yes" attach an explanation. | X No | | | | |
| g. TOTAL | | \$ | 3,904,010.00 | | | | |
| BEEN DUL | ST OF MY KNOWLEL Y AUTHORIZED BY T FANCE IS AWARDED | THE GOVERNING I | ALL DATA IN THIS APP BODY OF THE APPLICAN | PLICATION/PREAPPLICATION ARE TRUE AND CO NT AND THE APPLICANT WILL COMPLY WITH TH | RRECT, THE DOCUMENT HAS HE ATTACHED ASSURANCES IF | | |
| a. Typed Name of Auth | orized Representative, | Douglas Que | | b. Title: Air Pollution Control Officer | c. Telephone Number (831)647-9411 | | |
| d. Signature of Authoriz | ed Representative | m Os | 2 | | e. Date Signed 07/26/02 | | |
| Province Politices Net Health | | | | | Standard Form 424A (REV 4-88) | | |

| APPLICATION FO FEDERAL ASSIST | R ANCE | 2. DATE SUBMITTED | | Applicant Identifier |
|-------------------------------|-----------------------|--|--|--|
| | , | July 22, 2002 | | |
| 1. TYPE OF SUBMISSION: | Droppelianting | 3. DATE RECEIVED BY STAT | E. | State Application Identifier |
| Application | Preapplication | July 25, 2002 4. DATE RECEIVED BY FEDE | DAL ACENCY | Federal Identifier |
| Construction | X Construction | 4. DATE RECEIVED BY FEDE | EKAL AGENUT | Federal Identifier |
| Non-Construction | Non-Construction | | | |
| 5. APPLICANT INFO | RMATION | | | |
| Legal Name: | | | Organization | |
| Address (give city, county, | state, and zip code): | | | elephone number of person to be contacted on matters involving tion (give area code) |
| CITY OF PARLIER | | | 1 | (3 (3 |
| 1100 E. PARLIER A | | | Ke | enneth D. Hubler, City Manager |
| PARLIER, CA 9364 | | ······································ | (5 | 559) 646-3545 |
| 6. EMPLOYER IDENTIFICAT | ION (EIN): | | 7. TYPE OF | APPLICANT: enter appropriate letter in box) |
| 9 4 _ 6 | | 3 9 0 | | C |
| | | <u> </u> | A. State B. Count | ty 1. State Controlled Institution of Higher Learning |
| B. TYPE OF APPLICATION: | | | C. Munic D. Towns | ipal J. Private University |
| | New Co | ntinuation Revision | E, Inters | taté L. Individual |
| | | | F. Interm G. Specia | nunicipal M. Profit Organization al District N. Other (Specify) |
| If Revision, enter appropria | te letter(s) in | | | |
| | tilling. | | | |
| A. Increase Award | B. Decrease Award | C. Increase Duration | | |
| D. Decrease Duration | Other (specify): | | | |
| | | | 9. NAME OF | FFEDERAL AGENCY: JUL 2 3 2 |
| | | | | |
| | | | - I | |
| 10. CATALOG OF FEDERA | L DOMESTIC ASSISTAN | CE NUMBER: | 11. DESCRI | IPTIVE TITLE OF APPLICANT'S PROJECSTATE CLEARING |
| | F | | | The second of th |
| | 1 | 0 - 7 6 6 | Public | Works Facility - New Construction |
| TITLE: | M | | | ilare Street |
| 12, AREAS AFFECTED BY | PROJECT (Cities, Coun | ties, States, etc.) | Parlier | r, CA 93648 |
| City of Parlier | | | İ | |
| | | | | United States |
| 13. PROPOSED PR | OJECT 14. CONG | RESSIONAL DISTRICTS | S OF: | |
| Start Date Ending D | ate a. Applicant | | b. Pr | oject |
| 01/01/03 07/01 | /03 Calvin De | ooley - 20th District | Ca | alvin Dooley - 20th District |
| | 15. ESTIMATED F | UNDING | | S APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE |
| LISDA | | \$800,000 | ł | ORDER 12372 PROCESS? |
| a. Federal USDA CDBG | \$ | \$100,000 | .00 | a. YES THIS PREAPPLICATION/APPLICATION WAS MADE |
| | | | | AVAILABLE TO THE STATE EXECUTIVE ORDER |
| b. Applicant | \$ | \$100,000 | .00 | 12372 PROCESS FOR REVIEW ON: |
| | | <u>\$100,000</u> | | |
| c. State | \$ | | .00 | DATE 7-25-02 |
| | | | | |
| d. Local | \$ | | .00 | b. NO PROGRAM IS NOT COVERED BY E.O. 12372 |
| | | | | |
| e. Other | \$ | | .00 | OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |
| | | | | STATE FOR REVIEW |
| f. Program Income | \$ | | .00 17 1 | S THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? |
| | | | —————————————————————————————————————— | |
| g. Total | \$ | A4 000 000 | .00 L | YES (Attach explanation) NO |
| | | \$1,000,000 | | |
| 18. TO THE BEST C | F MY KNOWLEDG | E AND BELIEF ALL DA | TA IN THIS | APPLICATION/PREAPPLICATION ARE TRUE AND |
| LORRECT, THE DO | OMDLY WITH THE | EN DULY AUTHURIZEL ATTACHED ASSURAN | ICES IE ITH DRAIHE (| GOVERNING BODY OF THE APPLICANT AND THE E ASSISTANCE IS AWARDED. |
| | | | OLU III | |
| a. Type Name of Authorize | | b. Title | | c. Telephone Number |
| Kenneth D. Huble | | City N | lanager | (559) 646-3545 |
| d. Signature of Authorized | Representative | 1// | | a. Date Signed |
| 111/1/2 | | 1 | | 7-22-02 |
| Previous Edition Usable | DEBBODUCTION | | | STANDARD FORM 424 (REV. 4-92) Prescribed by OMB Circular A- 1 02 |
| AUTHORIZED FOR LOCAL | KELKODOCIION | | | Freschibed by OMO Chicalat A- 1 02 |

OMB Approval No. 0348-0043

| FEDERAL ASSISTA | NCE | 2. DATE SUBMITTED | Applicant Identifier | | |
|---|-------------------------------|---------------------|--------------------------------------|---|--------------------------------|
| 1. TYPE OF SUBMISSION: | | 3. DATE RECEIVED E | BY STATE | State Application Identifi | |
| Application Construction | Preapplication Construction | | | | er |
| Non-Construction | Non-Construction | 4. DATE RECEIVED E | Y FEDERAL AGENCY | Federal Identifier | |
| 5. APPLICANT INFORMATION Legal Name: | | | | | |
| CITY OF FR | ESNO | | Organizational Unit: | Donostront | |
| Address (give city, county, State, | and zip code): | | | Department | ntacted on matters involving |
| 2326 Fresn | o Street | | this application (give a | rea code) | macted on matters involvi |
| Fresno, CA | 93721 | | Conrad Nei (559) 621 | cdahl -2010 | |
| 6. EMPLOYER IDENTIFICATION | NUMBER (EIN): | | | NT: (enter appropriate let | ler in box) |
| 94-6000 | 3 3 8 | | A. State | | |
| 8. TYPE OF APPLICATION: | | | B. County | H. Independent School D I. State Controlled Institut | ist. ion of Higher Learning |
| New | ☐ Continuation | Revision | C. Municipal | J. Private University | - Louising |
| If Revision, enter appropriate lette | r(s) in box(es) | | D. Township E. Interstate | K. Indian Tribe L. Individual | |
| A. Increase Award B. Decr | | <u></u> | F. Intermunicipal | M. Profit Organization | |
| D. Decrease Duration Other(s | ease Award C. Increase | Duration | G. Special District | N. Other (Specify) | |
| , - · | ,,, | | 9. NAME OF FEDERA | L AGENCY: | |
| | | | Department o | | |
| 10. CATALOG OF FEDERAL DO | MESTIC ASSISTANCE NU | MBER: | 11. DESCRIPTIVE TIT | LE OF APPLICANT'S PR | O JECT: |
| | | 16 - 710 | i | | 03201. |
| TITLE: 2002 Tech | mology Initiati | VA | Technology Initiative - New Projects | | |
| 12. AREAS AFFECTED BY PRO | IECT (Cities, Counties, State | es, etc.): | 1 | | |
| Fresno, (| À | | | | |
| 13. PROPOSED PROJECT | 4. CONGRESSIONAL DIS | TRICTS OF: | | | |
| Start Date Ending Date | . Applicant | | 1-0: | | |
| 10/01/01 9/30/02 | 19 | | b. Project | | |
| 15. ESTIMATED FUNDING: | | | 16. IS APPLICATION S | UBJECT TO REVIEW BY | STATE EXECUTIVE |
| a. Federal | 3.00 | 80 | ORDER 12372 PRO | CESS? | |
| A | | ,000 | a(YES) THIS PREAF | PLICATION/APPLICATIO | N WAS MADE |
| b. Applicant | | .00 | AVAILABLE . | TO THE STATE EXECUTI | VE ORDER 12372 |
| c. State | | .00 | | OR REVIEW ON: | |
| 1. Local | | | DATE | 1/23/02 | |
| | | ,00 | h No. II ppocon | | |
| o. Other S | | .00 | OR PROGRAM | I IS NOT COVERED BY E VAM HAS NOT BEEN SEL | . O. 12372 ECTED BY STATE |
| . Program Income \$ | | 00 | FOR REVIE | | TO TO OTATE |
| | | · | 17. IS THE APPLICANT | DELINQUENT ON ANY I | |
| . TOTAL \$ | 750 | ,000 | Yes If "Yes," att | | |
| 8. TO THE BEST OF MY KNOWL DOCUMENT HAS BEEN DULY AL | EDGE AND BELIEF ALL D | ATA IN THIS ADDI IO | 71011 | | X No |
| | | | APPLICANT AND THE | IN ARE TRUE AND COR! APPLICANT WILL COM | RECT, THE |
| ATTACHED ASSURANCES IF TH Type Name of Authorized Repres | E AGGIOTAITOE 13 AWARE | <u>νευ.</u> | | | |
| Jerry Dyer | | Chief of Poli | .ce c. | Telephone Number (559) 621-2100 | |
| . Signature of Authorized Represer | | | E I V E e. | Pate Signed / | |
| revious Edition Usable | | | E V E I | 7/22/02 | |
| uthorized for Local Reproduction | | | | Standard Form 4 Prescribed by ON | |
| | | Carried Control | 2 9 3002 1 |) rescribed by ON | D OROGRA M-102 |
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Authorized for Local Reproduction

Chief of Police (559) 621–2100

B. Date Spined

The Police (559) 621–2100

Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

STATE CI FARING HOUSE

| | | PMB AFFIOVAPINO D348-004B B | | | | |
|--|--|---|--|--|--|--|
| APPLICATION FOR FED | ERAL ASSISTANCE | 2. Date Submitted Applicant Identifier | | | | |
| Type of Submission: | | 3. Date Rec'd by State JU State Application Identifie | | | | |
| | eapplication | | | | | |
| | Construction | Date Rec'd by Federal | | | | |
| X Nonconstruction | Nonconstruction | STATE CLEARING HOUSE | | | | |
| 5. Applicant Information: | | Organizational Unit: | | | | |
| Legal Name and Address: | | Regional Water Quality Control Board - Lahontan | | | | |
| (give city, county, state, and | | Name and telephone of person to be contacted on matters | | | | |
| 1 | sources Control Board | involving this application (give area code): | | | | |
| | acramento County | Chuck Curtis | | | | |
| Sacramento, Ca | alifornia 95814 | (530) 542-5460 | | | | |
| 6. Employer Identification N | umber (EIN): | 7. Type of Applicant: (enter appropriate letter)A | | | | |
| 680281986 | | A. State H. Independent School District | | | | |
| | | B. County I. State Institute of Higher Learning | | | | |
| 8. Type of Application: | , | C. Municipal J. Private University | | | | |
| | Continuation | D. Township K. Indian Tribe | | | | |
| If Revision, enter appropriate | e letter(s); <u>A</u> <u>C</u> | E. Interstate L. Individual | | | | |
| A. Increase Award | B. Decrease Award | F. Intermunicipal M. Profit Organization | | | | |
| C. Increase Duration | | G. Special District N. Other (specify) | | | | |
| Other (specify) | Menuncia de la companya del la companya de la compa | | | | | |
| | | Name of Federal Agency: | | | | |
| 10. Catalog of Federal Dom 66.606 | estic Assistance Number | U. S. Environmental Protection Agency | | | | |
| Title: Surveys, Studie | s, Investigations and | 11. Descriptive Title of Applicant's Project: | | | | |
| Special Purpose | e Grants | | | | | |
| | | To develop the Lake Tahoe Sediment and Nutrient | | | | |
| Area Affected by Project | | Total Maximum Daily Load (TMDL) Report. | | | | |
| (cities, counties, states, etc.) | | | | | | |
| Lake Tahoe Are | :a | | | | | |
| 13. Proposed Project: | | | | | | |
| 1 | End Date | 14. Congressional District of: | | | | |
| 7/1/03 | 6/30/04 | Applicant: Project: | | | | |
| | | 3 California - All | | | | |
| 15. ESTIMATED FUNDING: | · · · · · · · · · · · · · · · · · · · | 16. Is the application subject to review by the State | | | | |
| | | Executive Order (EO) 12372 process? | | | | |
| a. Federal | \$60,000.00 | a. YES: X This application/preapplication was made | | | | |
| b. Applicant | \$0.00 | available to the State EO 12372 process for | | | | |
| c. State | \$60,000.00 | review on: | | | | |
| d. Local | \$0.00 | Date: July 29, 2002 | | | | |
| e. Other | \$0.00 | b. NO: Program is not covered by EO # 12372 | | | | |
| f. Program Income | \$0.00 | Program has not been selected by the | | | | |
| | *:** | state for review. | | | | |
| g. TOTAL | \$120,000.00 | 17. Is the applicant delinquent on any Federal debt? | | | | |
| | | YES, attach explanation X NO | | | | |
| 18 TO THE BEST OF MY K | NOW! FOGE AND BELIEF A | ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE | | | | |
| TRUE AND CORRECT. THE | DOCUMENT HAS BEEN DU | ULY AUTHORIZED BY THE GOVERNING BOARD OF THE | | | | |
| APPLICANT, AND THE APP | HOANT WILL COMPLY WITH | THE ATTACHED ASSURANCES IF THE ASSISTANCE | | | | |
| IS AWARDED. | LIW/SITE FRIME GOTTO LE FILLE | SECULATION TO CONTACTO IL THE MODIO INTIGE | | | | |
| a. Typed Name of Authorize | d Panracentative | b. Title: c. Telephone Number | | | | |
| Geleste Cantú | a vehiosemanse | Executive Director (916) 341-5615 | | | | |
| Octobio Odina | | EXECUTAGE DIRECTOR (2.10) 24-1-20-10 | | | | |
| d. Signature of Authorized R | /enrecentative | e. Date Signed: | | | | |
| u. Organisator or macinorina de ex | - Сриссопанус | e. Date orgined. | | | | |
| | | · | | | | |

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| | | | | 1 | UEMITTED | APPLICANT IDENTIFIER |] |
|--------------------------------|-----------------------------------|----------------------------------|------------------------------|---|------------------------------|--|------------|
| APPLICAT | MON FOR FED | ERAL ASSI | STANCE | 07/ | 26/02 | PDU 02-119 | |
| T, TYPE OF SUBMISS | 1011 | | 3, 6 | ATE RECEIVED | BY STATE | STATE ASPLICATION IDENTIFIER | |
| Application | Pres | polication | | | | | |
| Constructio | | Construction | 4.0 | DATE RECEIVED AGENCY | BY FEDERAL | FEDERAL IDENTIFIER | |
| Non-Constr | ruotion | Non-Construc | tion | | | | |
| S, APPLICANT INFORI | MATION | The E | e e i | N B L | 5 | | _ |
| Logal Name SRI | Internatio | | ்டு ப | Organia t | anal Unit E | Policy Division | |
| Address (Street, Count | y, State and ZIP co | 4) n | | Name and | taleghane nun | opplication (give area code) | |
| 333 Ravensw | ood Avenue | | JUL 29 | / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 | | | |
| Menlo Park, | CA 94025 | | Gary Year | Kathr | yn M. Ba | | |
| | | | | 1 - 1 - | 8 5 9-302 | | |
| 6. EMPLOYER IDENTI | FICATION NUMBE | F STATE | CLEAR | NG HM99 | PLICANT | (enter appropriate letter in box) | |
| 94 - 1 | 1 6 0 9 5 | 0 | 4 br 941 (1 (1 | | Slate | I, State Controlled Institu- | |
| B. TYPE OF APPLICAT | ПОИ | | | s. | County Municipal | tion of Higher Learning | |
| X New [| Continuation | . — | Revision | D. | Township | J. Private University K. Indian Yribe | |
| <u> </u> | appropriate letter(s) | - | 1 | | intenstato Intennunicipal | i., Individual M. Profit Organization | |
| If scenision' euler | appropriate retter(s) | in oddes) | | 6 | Special Distric | th N. Other (Specify) | and Corn |
| A. Increase / | Award 8 | 3. Decrease Awa | ırd | | independent S F FEDERAL | | arch corp. |
| C. Increase I E. Other (spe | Dunation [|), Decrease Our | | l | | for International Develop | ment |
| 10, CATADOG OF FED | | ASSISTANCE ! | NUMBER | | | OF APPLICANTS PROJECT | 7 |
| 11 303 | | | | | | | |
| Expandi Tule: in Labe | ing Economi | c Opport | unities | Expar | iding Eco | onomic Opportunities | |
| 12. AREAS AFFECTED | | des. Counties, 9 | Street, etc.) | | | | |
| | | • | , | in Le | banon | | |
| Country | of Lebano | n. | | | | | |
| | | <u> </u> | | <u> </u> | | | - |
| 13. PROPOSED PROJ | | | SIONAL DISTR | icts of | I Dro | Pect | |
| | Inding Date | Manio Pa | | (14th) | į . | th & 14th | |
| 09/01/02 | 08/31/05 | Washingt | on, DC | (8th) | | | |
| 15. ESTIMATED FUND | DING | | | EXEC | UTIVE ORDE | DJĘCT T O REVIEW BY STATĘ R 1 23 72 PROCESS? | |
| a. Federal | \$ 7 | ,360,690 | | . ~= | e Tule DOE/ | APPLICATION-APPLICATION WAS MADE | |
| b, Applicant | t | 602,673 | | 3_10 | BAJIAVA | LE TO THE STATE EXECUTIVE ORDER | |
| c, State | | UUC U.C. | | | DATE | 07729/02 EVIEW ON | |
| | | | | | - | *** | |
| d. Local | | 237 577 | | b, NC | <u> </u> | OGRAM IS NOT COVERED BY E.O 12972 | |
| e, Omer | } ⊅ / | ,237,500 | | | F OF | R PROGRAM HAS NOT BEEN SELECTED BY TATE FOR REVIEW | |
| t. Program Income | | | | 17 IS THE | APPLICATIO | N DELINQUENT ON ANY FEDERAL DEBT? | \dashv |
| g. Total | \$ 9 | ,200,863 | | | | s', attach an explanation. | , |
| 18. TO THE BEST OF | MY KNOWLEDGE | AND BELIEF. A | LL DATA IN TH | IS APPLICATION | | | _ |
| DOCUMENT HAS THE ATTACHED | BEEN DULY AUTI ASSURANCES IF T | HORIZED BY THE THE ASSISTANCE | IE GOVERNINI DE IS AWARDS | 5 BODY OF THE ED. | APPUCANT A | ATION ARE TRUE AND CORRECT, THE NO THE APPLICANT WILL COMPLY WITH | |
| a. Type Name of Autho | | | o, Title | | | c. Telephone Number | |
| Kathryn M. I | 6 | - | | ts Manage | <u>:</u> | (650) 859-3022 | |
| d. Signapure of Authori | zed Representative | | | | | c. Date Signed | |
| XX. | A | · | | | | 07/26/02 | |
| 7 | | | | | | | |
| Authorized Local Re | abtodnegov anne | | | | | Standard Form 424 (Rev. 4/32) Prescribed by OMB Circular A-102 | |

| APPLICATION FOR | | | | OMB Approval No. 0348-0043 |
|---|------------------------------|--|--------------------------|---|
| FEDERAL ASSISTAN | ICE | 2. DATE SUBMITTED | | Applicant Identifier |
| LEDEUNE WOOD IVE | 101 | 05-22-0 | oa. | -2890107030_ |
| 1. TYPE OF SUBMISSION: | - | 3. DATE RECEIVED BY | | State Application Identifier |
| Application | Preapplication | | | , |
| Construction | Construction | 4. DATE RECEIVED BY | FEDERAL AGENCY | Federal Identifier |
| Non-Construction | Non-Construction | | | |
| 5. APPLICANT INFORMATION | | | Organizational Unit: | |
| Legal Nama: AMERICALI LUNE A | 40 LOTEA 12022 | DRANGE CO. | | |
| Address (give city, county, State, | and zip code): | | 1 | number of person to be contacted on matters involving |
| 1570 E. 1714 ST | , STE. F | | this application (give a | |
| SANITA ANA, C | A 92705 | | L1224 6 | (1, 022, 2, 64) |
| 6. EMPLOYER IDENTIFICATION | NUMBER (EIN): | | 7. TYPE OF APPLICA | ANT: (enter appropriate letter in box) |
| नड - १६६१ | 669 | | A. State | M. Independent School Dist. |
| 8. TYPE OF APPLICATION: | | | B. County | I, State Controlled Institution of Higher Learning |
| . Nev | Continuation | Revision | C. Municipal D. Township | J. Private University K. Indian Tribe |
| If Revision enter appropriate let. | ariel in horice) | where the state of the second section | E. Interstate | L. Individual |
| II Hevisio enter appropriate let. | | IGEWED | F. Intermunicipal | M. Profit Organization Non-PROFIT |
| A, Increase Award B. Dec | rease Award C. Increas | e Duration | G. Special District | N. Other (Specity) 50 (4) (3) |
| D. Decrease Duration Other(| specify): | JUL 2 9 2002 | 0.0000 | AL ACENICY. |
| , | | The state of the s | IL.S. ENVI | ALAGENCY: NTAL PROTECTION |
| - 100 A FB | 71° 75 | TE CLEARING HOUS | AGENCY | region 9 |
| | | | 11 DESCRIPTIVE TI | THE OF APPLICANT'S PROJECT: |
| 10. CATALOG OF FEDERAL D | OMESTIC ASSISTANCE N | | ILICO-CENO ATTE | THIS FOR JUHOOLS AND OPEN |
| | | 66-606 | ILIDER ALC | QUALITY IN 8-10 SCHOOLS |
| TITLE: NDOOR A | 12 QUALITY IN | SCHOOLS | 10 PKULTING | IN AGATEMENT OF INDICOT |
| 12. AREAS AFFECTED BY PRO | OJECT (Cities, Counties, St. | ales, elc.): | A-O- CAN TANK | thanks and asthan und |
| DRAMICE COUNT | 1, CALIFORN | 1 A- | ASTHULA. | My Abrona 210-201-1011 |
| 13. PROPOSED PROJECT | 14. CONGRESSIONAL D | ISTRICTS OF: | | |
| 4 M 2 W 2 W 3 W 3 W 3 W 3 W 3 W 3 W 3 W 3 W | A A PERIO | A 1 1 1 1 1 6 - | b. Project | |
| Start Date Ending Date | a Applicant AMERICA | Frames | INDOOR ALP | L QUALITY IN SCHOOLS |
| 15. ESTIMATED FUNDING: | County | | | SUBJECT TO REVIEW BY STATE EXECUTIVE |
| 15, ESTIMATED FORUMO. | | | ORDER 12372 P | ROCESS? |
| a. Federal | \$ | 19,149. | | |
| | | 1 1,1 1 | a. YES. THIS PRE | APPLICATION/APPLICATION WAS MADE LE TO THE STATE EXECUTIVE ORDER 12372 |
| b. Applicant | \$ | 0." | | S FOR REVIEW ON: |
| | s | 0.** | - | |
| c. State | " | | DATE 🗍 | 1-29-02 |
| d. Local | \$ | 0.~ | | |
| · · | | | J b. No. PROGR | RAM IS NOT COVERED BY E. O. 12372 DGRAM HAS NOT BEEN SELECTED BY STATE |
| e. Other | \$. | 0. | FOR RE | |
| 4.0 | | | 1 | , |
| f. Program Income | \$ | O. [®] | 17. IS THE APPLICA | ANT DELINQUENT ON ANY FEDERAL DEBT? |
| g. TOTAL | s | 9,149. | | attach an explanation. |
| 18 TO "HE BEST OF MY KNO | WI EDGE AND DELICE A | LI DATA IN THIS APPLI | CATIONPREAPPLICA | ATION ARE TRUE AND CORRECT, THE |
| DOCUMENT HAS BEEN DUL | Y AUTHORIZED BY THE G | OVERNING BODY OF I | HE APPLICANT AND | THE APPLICANT WILL COMPLY WITH THE |
| ATTACHED ASSURANCES | THE ASSISTANCE IS AV | /ARDED. | | La Talachone Number |
| a. Type hame of Authorized Re | | b. Title | Director | 714-835-5864 |
| d. Signa Maddalo | | Executive | DET CC FOT | e, Date Signed |
| a Shushini ou britudi dag hat | V | | | 5/22/04 |
| Oracia in Edition Heable | | | | Standard Form 424 (Rev. 7-97) |

| APPLICATION FOR | | | | | OMB Approval No. 0348-00 |
|---|------------------------------|--------------------|---------------------------------------|---|--|
| FEDERAL ASSISTA | NCE | 2. DATE SUBMITTED | | Applicant Identifier | |
| | | 7/11/0: | | | |
| 1. TYPE OF SUBMISSION: | December | 3. DATE RECEIVED I | BY STATE | State Application Ide | entifier |
| Application Construction | Preapplication Construction | 4. DATE RECEIVED I | BY FEDERAL AGENCY | Federal Identifier | |
| Non-Construction | Non-Construction | | | | |
| 5. APPLICANT INFORMATION | | | | | |
| Legal Name: Solana Re | cyclers, Inc. | | Organizational Unit: Recycled I | Products Pu | rchasing Co-op |
| Address (give city, county, State | • " | | | · | pe contacted on matters involvi |
| 137 N. El Camin | | | this application (give a | * | 2000 |
| Encinitas, CA 9 | 2024 | • | Tyson Mill | ler (760) 4 | 36-/986 |
| 6. EMPLOYER IDENTIFICATIO | N NUMBER (EIN): | | 7. TYPE OF APPLICA | ANT: (enter appropriat | te letter in box) |
| 33 - 0 0 0 9 | 9 4 9 | | 4 04.4 | 11 1-1 | N |
| 8. TYPE OF APPLICATION: | | | A. State B. County | H. Independent School State Controlled In | oor Dist. Institution of Higher Learning |
| F3 Nev | V Continuation | Revision | C. Municipal | J. Private University | - |
| | | | D. Township | K. Indian Tribe | |
| If Revision, enter appropriate lett | er(s) in box(es) | | E. Interstate | L. Individual | |
| A. Increase Award B. Dec | rease Award C. Increase | - Duration | F. Intermunicipal G. Special District | M. Profit Organizatio | non-profit |
| D. Decrease Duration Other | | Duration | G. Opeciai District | N. Other (Opecity) _ | |
| , | , ,, | • | 9. NAME OF FEDERA | AL AGENCY: | |
| | | | U.S. EPA E | Region 9 | |
| 10. CATALOG OF FEDERAL D | OMESTIC ASSISTANCE N | IMBER: | 11. DESCRIPTIVE TI | | 'S PROJECT: |
| TO. OKIALOG OF TEDELIALD | | | | | |
| | L. | 81018 - 1810 | - Meacern me | arkets Init | iative |
| | ste Management | | _ | • | The second secon |
| 12. AREAS AFFECTED BY PRO | DJECT (Cities, Counties, Sta | ites, etc.): | | | i i |
| states of CA, | AZ, NV | | | | JUL 2 6 2002 |
| 13. PROPOSED PROJECT | 14. CONGRESSIONAL DIS | STRICTS OF: | | | |
| Start Date Ending Date | a. Applicant | | b. Project | | The same of the sa |
| 9/02 3/04 | 51st | | i · | cts in CA, | AZ, NV |
| 15. ESTIMATED FUNDING: | | | 16. IS APPLICATION | SUBJECT TO REVIE | EW BY STATE EXECUTIVE |
| | | 90 | ORDER 12372 PF | 10CESS? | |
| a. Federal | \$ 25,000 | .00 | · VEC THE PRE | APPLICATION/APPLI | CATION W/AC \$4ADE |
| b. Applicant | \$ | 00 | | | ECUTIVE ORDER 12372 |
| | | • | 1 | FOR REVIEW ON: | |
| c. State | \$ | .00 | | | |
| | | 00 | DATE | 7/11/02 | *** |
| d. Local | \$ | .** | h No TI PROGRA | AM IS NOT COVERED | D BY F O 12372 |
| e. Other | \$ | .00 | | | EN SELECTED BY STATE |
| | | | FOR REV | | |
| f. Program Income | ,\$ | .00 | | | |
| _ TOTAL | | 00 | - | | I ANY FEDERAL DEBT? |
| g. TOTAL | \$ 25,000 | • | Yes If "Yes," | attach an explanatio | n. 😡 No |
| 18. TO THE BEST OF MY KNO | | | | | |
| DOCUMENT HAS BEEN DULY | | | HE APPLICANT AND T | HE APPLICANT WILL | L COMPLY WITH THE |
| attached assurances if a. Type Name of Authorized Rep | | RDED. | | c. Telephone Numbe | 21 |
| Jacy Davis | n cocinative | Executive | Director | | 36-7986 |
| d. Signature of Authorized Repre | sentative | | | e. Date Signed 7 | /11/02 |

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| EDERAL ASSISTAN | | 2. DATE SUBMITTED | | Applicant Identifier | |
|--|--|---|--|--|---|
| | 1CE | July 25 | 5. 2002 | | |
| | 1 | 3. DATE RECEIVED B | | State Application Identifi | er |
| . TYPE OF SUBMISSION: | Brancilication | 3, DATE RECEIVED D | | | |
| Application Construction | Preapplication Construction | 4. DATE RECEIVED B | Y FEDERAL AGENCY | Federal Identifier | |
| Non-Construction | Non-Construction | | | | |
| APPLICANT INFORMATION | | | Organizational Unit: | | |
| egal Name: TOKAU PARK | WATER CO | MPANY | \perp RUS | | |
| Address (give city, county, State, | and zip code): | | | number of person to be o | ontacted on matters invi |
| P.O. Box 292 Socraments | 146 | 12-9 | this application (give a Norma | P. Clark, Secreta (916) 383-24 | |
| S. EMPLOYER IDENTIFICATION | (All MADED /E/A/I: | | 7. TYPE OF APPLICA | ANT: (enter appropriate le | etter in box) |
| | | | | , | M |
| 94-6095 | 171710 | | A. State | H. Independent School | Dist. |
| 3. TYPE OF APPLICATION: | | | B. County | | ution of Higher Learning |
| ∠ New | Continuation | Revision | C. Municipal D. Township | J. Private University K. Indian Tribe | |
| | | | E. Interstate | L. Individual | |
| f Revision, enter appropriate lett | er(s) in Dox(es) | | F. Internunicipal | M. Profit Omanization | |
| A, Increase Award B. Dec | rease Award C. Increa | se Duration | G. Special District | N.)Other (Specify) N. | ON-PROFIT OFC. |
| D. Decrease Duration Other | (specify): | | 9. NAME OF FEDER | AL AGENCY: | |
| d-100-00-00-00-00-00-00-00-00-00-00-00-00 | We want | | USDA Rural Dev | velopment | |
| 60 ALTEL AA AF EFRENI A | OMESTIC ASSISTANCE | NIMBER | 11 DESCRIPTIVE T | ITLE OF APPLICANT'S | PROJECT: |
| 10. CATALOG OF FEDERAL D | DMESTIC ASSISTANCE | , | | | WEDEN |
| | | 10-760 | I manning water p | | MULLIN |
| TITLE: Water and V | Vaste Disposal Loan | & Grant program | | | 0 6 |
| 12. AREAS AFFECTED BY PRO | SUPPLY (Cities, Counties, S | States, etc.): | | | JUL 2 6 2 |
| county | | | | | |
| 13. PROPOSED PROJECT | 14. CONGRESSIONAL | DISTRICTS OF: | | | |
| MAINLINE REPLAC | ************************************** | | b. Project | P.D- | 4 |
| Start Date Ending Date | a. Applicant TOKAY PARK L | WATER ON | MAINLINEW | PATER | CEPLACEME |
| 15. ESTIMATED FUNDING: | KNAY IAKK | NATER CO. | 16. IS APPLICATION | N SUBJECT TO REVIEW | - / |
| 15, ESTIMATED FUNDING. | | | ORDER 12372 P | | |
| | \$ 150 | 10 | | | |
| a. Federal | 1 1> 6 | 0.000" | | | TION 14/40 14405 |
| | | 0,000. | a. YES. THIS PRE | EAPPLICATION/APPLICA | TION WAS MADE |
| a. Federal b. Applicant | \$ 7,30 | .00 | AVAILABI | EAPPLICATION/APPLICA LE TO THE STATE EXEC S FOR REVIEW ON: | TION WAS MADE SUTIVE ORDER 12372 |
| | | | AVAILABI PROCESS | LE TO THE STATE EXEC S FOR REVIEW ON: | TION WAS MADE SUTIVE ORDER 12372 |
| b. Applicant c. State | \$ | .00 | AVAILABI PROCESS DATE | E TO THE STATE EXEC S FOR REVIEW ON: 1-25-02 | EUTIVE ORDER 12372 |
| b. Applicant | \$ | .00 | AVAILABI PROCESS DATE b. No. | LE TO THE STATE EXECTS FOR REVIEW ON: 1-25-02 RAM IS NOT COVERED B | EUTIVE ORDER 12372 BY E. O. 12372 |
| b. Applicant c. State | \$ | .00 | AVAILABI PROCESS DATE b. No. | LE TO THE STATE EXECTS FOR REVIEW ON: 7-25-02 RAM IS NOT COVERED BORRAM HAS NOT BEEN | EUTIVE ORDER 12372 |
| b. Applicant c. State d. Local e. Other | \$ \$ | .00 | b. No. PROGF | E TO THE STATE EXECT S FOR REVIEW ON: 7-25-02 RAM IS NOT COVERED BORRAM HAS NOT BEEN EVIEW | BY E. O. 12372 SELECTED BY STATE |
| b. Applicant c. State d. Local e. Other f. Program Income | \$ \$ \$ \$ | .00 | b. No. PROGE OR PROFICE 17. IS THE APPLICA | LE TO THE STATE EXECT S FOR REVIEW ON: 1-25-02 RAM IS NOT COVERED BORRAM HAS NOT BEEN EVIEW ANT DELINQUENT ON A | BY E. O. 12372 SELECTED BY STATE NY FEDERAL DEBT? |
| b. Applicant c. State d. Local e. Other f. Program Income | \$ \$ \$ \$ \$ 1,500 | .00 .00 .00 .00 | b. No. PROGF OR PRO | E TO THE STATE EXECT S FOR REVIEW ON: 1-25-02 RAM IS NOT COVERED BORAM HAS NOT BEEN EVIEW ANT DELINQUENT ON A statch an explanation. | BY E. O. 12372 SELECTED BY STATE NY FEDERAL DEBT? NO NO |
| b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | b. No. PROGE OR PRO FOR RE 17. IS THE APPLICA Yes If "Yes," | E TO THE STATE EXECT S FOR REVIEW ON: 1-25-02 RAM IS NOT COVERED BOTH OF THE PROPERTY OF THE | BY E. O. 12372 SELECTED BY STATE NY FEDERAL DEBT? NO CORRECT, THE |
| b. Applicant c. State d. Local e. Other f. Program income g. TOTAL 18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY | \$ \$ \$ \$ \$ \$ \$ WLEDGE AND BELIEF, AY AUTHORIZED BY THE | .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | b. No. PROGE OR PRO FOR RE 17. IS THE APPLICA Yes If "Yes," | E TO THE STATE EXECT S FOR REVIEW ON: 1-25-02 RAM IS NOT COVERED BOTH OF THE PROPERTY OF THE | SUTIVE ORDER 12372 SELECTED BY STATE NY FEDERAL DEBT? NO CORRECT, THE |
| b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF | \$ \$ \$ \$ \$ \$ WLEDGE AND BELIEF, AY AUTHORIZED BY THE ASSISTANCE IS AN | .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 | DATE b. No. | E TO THE STATE EXECT S FOR REVIEW ON: 1-25-02 RAM IS NOT COVERED BOORDAM HAS NOT BEEN EVIEW ANT DELINQUENT ON A state an explanation. ATION ARE TRUE AND OTHE APPLICANT WILL CO. Telephone Number | SY E. O. 12372 SELECTED BY STATE NY FEDERAL DEBT? NO CORRECT, THE |
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|--|--|---|---|------------------------------|----------|-----------|--|--|----------------|
| APPLICATION FOR | | | | | IN L | ОМВ | /bb.co/ | val No. 00 | 348-004 |
| FEDERAL ASSISTA | NCE | 2. DATE SUBMITTED July 16 | , 2002 | Applicantio | | JUL | 2 (| ; 2002 | |
| 1. TYPE OF SUBMISSION: | | 3. DATE RECEIVED BY | STATE | State App | calionId | entifier | | | |
| Application Construction | Preapplication | | | | CT A T | EA | FAF | NG I | HOUS |
| Non-Construction | Construction Non-Construction | 4. DATE RECEIVED BY | FEDERAL AGENCY | Federal Ide | Mall M | LVL | <u> </u> | \(\(\tau\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | |
| 5. APPLICANT INFORMATION | 1 NA MAIN-COMPILATION | .1 | | <u> </u> | | | | | |
| | nie Afons | 0 | Organizational Unit: | Cam | Pi | Nota | ob | ud | |
| Address (give city, county, State, 930 0147 | npic Way | | Name and telephone this application (give a | rea code) | | | | | |
| Nipomo, | CA 9344 | 14 | Karla H | oving | (71) | 4) 4 | 74 | - 11 8 | 54 |
| 6. EMPLOYER IDENTIFICATION | | | 7. TYPE OF APPLICA | | | | | | |
| | 576 | | A. State | H. Independ | | | | M | |
| 8. TYPE OF APPLICATION: | | — | B. County C. Municipal | I. State Cor J. Private U | | stitution | of High | ner Learn | ing |
| New | Continuation | Revision | D. Township | K. Indian Tr | , | | | | |
| If Revision, enter appropriate lette | er(s) in box(es) | | E Interstate | L. Individua | - | | | | |
| A. Increase Award B. Deci | ease Award C. Increase | Ditration | F. Intermunicipal G. Special District | M, Profit Or N. Other (S | - | n | | | |
| l | specify): | | O, Opodia: Bisinet | 11. 00101 (0 | pccsiy) | | | | |
| | | | 9. NAME OF FEDERA | AL AGENCY | : 1 (| ٠ | ı | , | |
| | | | Depar | tmen: | + 0+ | LY | 461 | rior | • |
| 10. CATALOG OF FEDERAL DO | MESTIC ASSISTANCE NU | JMBER: | 11. DESCRIPTIVE TI | | | | | | |
| | | 15-916 | Acqu | isitio | 0 | P 1 | an | d + | 08 |
| TITLE: Outdoor | Recreation-Ac | tauisition. | 0 | - 0 | | | 10 | | |
| TITLE: OLT 400 6 | JECT (Cities, Countles, Sta | tell etc.): Developy | henti a s | Date | . (Y) |) T Ç K | ل لا | 1100 | A |
| San Luis Obis | po County, (| A Plannir | lg Par | K a | nd (| Cam | JP (| 500 | <i>Γα</i> , αν |
| 13. PROPOSED PROJECT | 14. CONGRESSIONAL DIS | STRICTS OF: | | | | | | <u> </u> | |
| Start Date Ending Date | a. Applicant Lois | Capps | b, Project LO | s Ca | PP | 3 | | | |
| 15. ESTIMATED FUNDING: | | | 16. IS APPLICATION | | | W BY S | TATE | EXECUT | IVE |
| | | - 00 | ORDER 12372 PR | OCESS? | YES | | | | |
| a. Federal | \$ 1, 2 | 9 <i>5,</i> 000 | a, YES, THIS PREA | PPLICATIO | WAPPLK | CATION | NAS N | MADE | |
| b. Applicant | \$ | w) | | TO THE ST | | ECUTIVE | ORD | ER 12372 | 2 |
| c. State | \$ | , 600 | DATE | -26- | 2005 | 2 | | | |
| d. Local | \$ | .** | b. No. PROGRA | M IS NOT C | OVERED | BY E. C | . 1237 | 72 | |
| e. Other | \$ | <u>.</u> | OR PROG FOR REV | BRAM HAS N | | | | | E |
| f. Program Income | \$ | .00 | AT IC THE ADDITION | T DELINOU | ENT ON | ANVE | DEDA | 1 NERT | 2 |
| g. TOTAL | \$ 1,29 5 , | . ♥ O o ° ° | 17. IS THE APPLICAN | | | | DERA | No | ŧ |
| 18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF I | /LEDGE AND BELIEF, ALL AUTHORIZED BY THE GO | DATA IN THIS APPLIC VERNING BODY OF TH | | | | | | | |
| a. Type Name of Authorized Repr | esentative | b. Title | 1 | c. Telephon | | , | ~ | i - 1 | |
| d. Signature of Authorized Repres | $A \rightarrow 0 \cap 0 \cap 0$ | b. Title Benefic | 10ry | e. Date Sign | - Marine | オンユ | 5_ | 106 | |
| Atephanie | | | • | <u> </u> | | 26- | 0 0 | <u> </u> | |
| Previous Edition Usable | - // | | | g | tandard | Form 424 | (Rev. | 7-97) | |

Prescribed by OMB Circular A-102

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|---|---|------------------------|---------------------------|---|--|--|---|----------------|----------------|-------------|
| APPLICATION FOR | , | | | | | 1 | OMB | Approv | val No. 03 | 48-D04 |
| FEDERAL ASSISTA | NCE | 2. DATE SUI July | BMITTED 26, 2001 | 2 | Applicant | dentifier | JVI. | 26 | 2002 | 世 |
| 1. TYPE OF SUBMISSION: | | 3. DATE RE | CEIVED BY | STATE | State Appl | _ | | | | |
| Application | Preapplication | | | | <u> </u> | STATE | CLE | ARII | VG HC | JUSE |
| Construction Nov. Construction | Construction Non-Construction | 4. DATE RE | CEIVED BY | FEDERAL AGENCY | Federal 4e | entine: | *************************************** | | | - |
| Non-Construction 5. APPLICANT INFORMATION | | | | | | | | | | |
| Local Name | sing California | | | Organizational Unit: | Dept. c | of Com | munit | y De | velop | ment |
| Address (give city, county, State | e, and zip code): | | | Name and telephone r | | erson to l | be conta | icted or | n matters | iukojvjui |
| | Drive, Suite 202 | 2 | | this application (give a | • | | | | | |
| West Sacramento | , CA 95691 | | | Nilda Valı | mores (| (916) | 414-4 | 4/5 | | |
| 6. EMPLOYER IDENTIFICATION: 9 4 3 0 8 1 B. TYPE OF APPLICATION: New Market Revision, enter appropriate left A. Increase Award B. De D. Decrease Duration Other | Continuation tier(a) in box(aa) | Revi | noiei | 7. TYPE OF APPLICATION A. State B. County C. Municipal D. Township E. Interestate F. Intermunicipal G. Special District 9. NAME OF FEDERAL Office of | H. Indepel I. State Co J. Private K. Indián L. Individu M. Profit C N. Other (| ndent Sch ontrolled in University Tribe inl Organizatio Specify) | ned Diet nedtution on Non- | n of Hig | N Ther Lean | ning |
| 10. CATALOG OF FEDERAL D | | | | 11. DESCRIPTIVE TI | | | | | | |
| 12. AREAS AFFECTED BY PR Calaveras Coun | ty, California | tates, etc.): | | Mercy Hous Housing Re | - | | | ;ram | | |
| 13. PROPOSED PROJECT | 14. CONGRESSIONAL D | JIST MICTS OF: | | | | | | | | |
| Start Date Ending Date 3/03 3/04 | a. Applicant Doug C |)se (3) | | b. Project John : | Doolitt | le (4 |) | | | |
| 15, ESTIMATED FUNDING: | | | | 16, IS APPLICATION | SUBJECT | TO REVI | EW BY | STATE | EXECU | TIVE |
| a. Federal | \$ 300,0 | 4 | jo | ORDER 12372 PF 8. YES. THIS PREA | | ON/APPL | ICATIOI | N WAS | MADE | |
| b. Applicant | \$ 35,4 | 409 | 30 | | E TO THE S FOR REVI | | KEGUTIN | VE OR |)ER 1231 | 72 |
| c. State | \$ | • | 00 00 | DATE 7 | /26/02 | | _ | | | |
| d. Local (County) | \$ 114,0 | | | b, No. PROGR | AM IS'NOT | COVERE | D BY E. | . 0. 120 | 372 | |
| e. Other | \$ | | 00 | OR PRO | GRAM HAS | | | | | (TE |
| f. Program Income | \$ | | 00 | | | | h | | | |
| TOTAL | | | 90 | 17. IS THE APPLICA | | | | FEDER, | | |
| g, TOTAL | \$ 449,4 | | | Yas if "Yas," | attach an e | explanatio | on. | | X N | o |
| 18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES IN | Y AUTHORIZED BY THE G THE ASSISTANCE IS AW | OVERNING BO (ARDED. | HIS APPLIC. ODY OF THI | ATION/PREAPPLICATE APPLICANT AND T | HE APPLIC | ANT WIL | T COM | RECT, PLY W | THE | |
| a. Type Name of Authorized Re | presentative | Reg. D | irector | of Develop. | c, Telepho (916) | | | | | |
| Greg Sparks d. Signature of Authorized Repr | esentative Source | 1 44-5 | | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | e. Date Si | | ð 2 | _ | | |
| Provious Salition Jackle | | | | | ' | Standard | d Form 4 | 124 (Re | v. 7-97) | |

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|---|--|--|---|--|--|--|--|
| APPLICATION FOR FEDERAL ASSISTANCE | 3 | 2. DATE SURMITTED June 13, 2002 | E Applic W to de la | | | | |
| 1. TYPE OF SUUMISSION | | 3. DATE RECEIVED BY STAIR JUL | State Application Henging | | | | |
| Application | Proapplication | | | | | | |
| ☐ Construction ■ Non-Construction | (3 Construction □ Non Construction | 4. DATE RECEIVED BY FESTATE GLE | ARING'HOUSE | | | | |
| 5. APPLICANT INFORMATION | - H/Jye. | | | | | | |
| Legal Name: State of California | | Organizational Unit: Department of Health Services | | | | | |
| | 501 North 7 th Street, MS 92 P.O. Dox 942732 Sacramento, CA 94234-7320 | Name and telephone number of the person to be connected on matters involving this application (give area code) Gary D. Hoffmann, P.E. (916) 322-6264 | | | | | |
| 6. EMPLOYER IDENTIFICATION (EIN): | | 7. 1YPE OF APPLICANT: (enter appropr | iale letter licre) (A | | | | |
| 9 4 - 6001347 8. TYPE OF APILICATION: CI New Ed Condensation Revision Revision, enter appropriate letter(s) in hox(es): A. Increase Award B. Decrease Other Specify: | O O Award | A State II. Independent School District D. County I State Controlled Institution of Higher Learning C. Municipal J Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G Special District N Other (Specify): | | | | | |
| manufacture (All Industrial Administration (All Parks) of the All Parks and All Parks | | 9. NAME OF PIDERAL AGENCY U.S. Envir | onmental Protection Agency | | | | |
| 10. CATALOG OF PLIBERAL | | H. DESCRIPTIVE TITLE OF APPLICANT'S PRO | 73,783 | | | | |
| DOMESTIC ASSISTANCE NUMBER: 6_6 | <u>1 4. ,3, 2</u> | California Drinking Water Regulatory Pro | gram. This grant is provided to | | | | |
| THEE PWSS | W - FINISH HA | augment the State's regulatory program of | public water systems. | | | | |
| 12: AREAS AFFECTED BY PROJECT (cities, o | ounties, states, etc.): | | | | | | |
| 13. PROPOSED PROJECT: | M. CONGRESSIONAL DISTRICT OF: | 1 ₁₁₋₄₂ | | | | | |
| Start Date East Date 9/30/03 | a. Applicant: 1-45 | | b. Praject Statewide | | | | |
| 15. Estimated Funding: | 4 or man a | 16. IS APPLICATION SUBJECT TO REVIN | Way crare every sour and to | | | | |
| A. Foderal | \$ 5,811,400 | 12372 PROCESSY | W BI SIMIE EAGGOIVE ORDER | | | | |
| b. Applicant | | a. YES, THIS PREAPPLICATION/APPLK TO THE STATE EXECUTIVE ORDER | FATION WAS MADE AVAILABLE 12372 PROCESSES FOR REVIEW | | | | |
| c. State | 13,557,493 | ON: | | | | | |
| d. Local | S | DATE | | | | | |
| c. Other | \$ | b. NO. □ PROGRAM IS NOT COVERED BY I | 3.0, 12372 | | | | |
| f. Program luconic | The service of the se | D OR PROGRAM HAS NOT BEEN SE 17. IS THE APPLICANT DELINQUENT ON ANY I | | | | | |
| P. TOTAL | \$ 19,368,893 | Cl Yes if "Yes" affacil an explanation. | □ No | | | | |
| 18. TO THE BEST OF MY KNOWLEDG BEEN DULY AUTHORIZED BY TH THE ASSISTANCE IS AWARDED. | TE AND RULE. ALL DATA IN THE APPLICATION OF THE APP | LICATION/PREAPPLICATION ARE TRUE AND COR T AND THE APPLICANT WILL COMPLY WITH TH | Dreen attended and an arrange | | | | |
| a. Typed Name of Authorized Representative. Di | avid Soulcles, M.P.H. | b. Title: Chief Deputy Director Department of Health Services | c. Telephone Number (916) 657-1425 | | | | |
| d. Signature of Authorized Representative | | hAdd. | e. Date Signed | | | | |
| | | A CONTRACTOR OF THE CONTRACTOR | | | | | |

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| APPLICATION FOR | | | 1 | L | | OMB Approval N | |
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| FEDERAL ASSISTAI | #CE | July 25, 2002 | L. | | | | |
| . TYPE OF SUBMISSION: | | 3. DATE RECEIVED BY | STATE | s | itale Application ident | Mer | |
| Application | Preapplication | | COOCHAL ACE | | ederal identifier | | |
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| Non-Construction | Non-Construction | | | | | | |
| BOOK NAME: | (0 | powerment. | Organizational U | Unit: | or Community Em | mowerment (T | DACE) |
| egal Name: Desert Alliance | | powalitietic | Desert Allia | ance ic | imber of person to be | contented on ma | illers involvins |
| Address (give city, county. State, | | | this application (| | | COINCOLO TIPI | |
| 53-990 Enterprise Way, | Suite 1 | | | | | | |
| Coachella. CA 92236 | | | Jeffrey A. H | | | (after in Bab) | |
| 8. EMPLOYER IDENTIFICATIO | N NUMBER (EIN): | - | 7. TYPE OF API | PLICAN | (T: (enter appropriate | |) |
| $\begin{bmatrix} 3 & 3 \end{bmatrix} = \begin{bmatrix} 0 & 8 & 5 & 7 \end{bmatrix}$ | 1 8 7 | | A. State | f | H, Independent Schoo | N Dist. | 1 |
| B. TYPE OF APPLICATION: | | | B. County | | i. State Controlled Inst | titution of Higher | Learning |
| | Continuation | Revision | C. Municipal | | J. Private University | | |
| X Nev | · — · | | D. Township | | K, Indian Tribe L. Individual | | |
| If Revision, enter appropriate let | ter(s) in box(ea) | | E. Interstate F. Intermunich | loal ! | M. Profit Organization | 1 | |
| A, Increase Award B. De | orease Award C, Incres | se Duration | G. Special Dis | istrict I | N. Other (Specify) _1 | on-profit, 501 | <u>c3</u> |
| M. Handward I main | (specify): | | | | | | |
| | | | 9, NAME OF FE | | | _ | 4 |
| | | | Dept. | of H | lealth & Hu | ıman Se | ervices |
| 10. CATALOG OF FEDERAL D | CHESTIC ASSISTANCE | NUMBER: | 11, DESCRIPTI | IVE TIT | LE OF APPLICANTS | PROJECT: | |
| | | | | | Initiative Program | | gh outreach |
| Rural Community Develope | nent Activities Program | 93-570 | TA, training | z, prede | evelopment loans. | community pl | anning to |
| TITLE: | | A-414) | isolated rura | al veru | low income comm | minities living | in non-cod |
| 12. AREAS AFFECTED BY PR | OJECT (Cities, Counties, | SUB(05), 0112.): | , illegal mot | bile ho | me parks assist ov | vners and rente | ers in the |
| 12. AREAS AFFECTED BY PR Riverside Cty, CA: Desert | Communities EZ, cit | nes of Coachella and B | rehab proce | ess thus | s preventing closu | re of close to 4 | 400 parks. |
| 13, PROPOSED PROJECT | 14. CONGRESSIONAL | DISTRICTS OF: | | | | | |
| Parel Congres Initiative | | <u>h</u> | b. Project | | | | |
| Start Date Ending Date | a, Applicant | Community Empower | ment (DACE) | D. | ACE Income Tax | Program (DIT | (P) |
| 1/01/03 12/31/06 15. ESTIMATED FUNDING: | Desert Athance for | Community Empower | 18. IS APPLICA | ATION | SUBJECT TO REVIE | W BY STATE E | (ECUTIVE |
| 15, ES IMA IED FORDING. | | | ORDER 12 | 2372 PR | ocess? NO | | |
| a. Federal | \$ | | | w ppe. | OF ICATIONIADER | CATION WAS ME | VDE |
| | J1 | 35,014 _M - | a. YES, THE | ny parea Ailari F | PPLICATION/APPLIC TO THE STATE EXE | ECUTIVE ORDER | ₹ 12372 |
| b. Applicant | 3 | | | | FOR REVIEW ON: | | |
| c. State | \$ | 56,538 a | -1 | Turi | ly 25, 2002 | | |
| | | | _ DAT | π | 19 25, 2002 | ~ | |
| d. Local | \$ | | b, No. 🗆 P | ROGRA | M IS NOT COVERED |) BY E. O. 12372 | <u> </u> |
| e, Other | 15 | | ⊤ ⊟of | R PROG | GRAM HAS NOT BEE | N SELECTED BY | YSTATE |
| g, Green | <u> </u> | | →FC | OR REV | TEW | | |
| 1. Program income | \$ | 66 | 47 10 THE 40 | DDI ICAL | NT DELINQUENT ON | ANY FEDERAL | DEBT? |
| TOTAL | \$ | 100 | | | | | X No |
| g. TOTAL | 1 4 | 91,552 | I | | attech an explanatio | | |
| 18. TO THE BEST OF MY KN | OUR EDGE AND BELLEF | ALL DATA IN THIS APPL | CATION/PREAP | PUCAT | TION ARE TRUE AND | CORRECT, THE | t LTMF |
| DOCUMENT HAS BEEN DUL | Y AUTHORIZED BY THE | GOVERNING BODY OF T | HE APPLICANT | AND Th | TE APPLICANT WILL | - OCMERI AMIL | 1 1 ** E |
| ATTACHED ASSURANCES I | F THE ASSISTANCE IS A | MARDED. | ······ | | c. Telephone Numbe | | |
| a. Type Name of Authorized N | oprastnatae | Describera Dira | ctor | | 760 391-5050 | | |

Jeffrey A. Javs d. Signature of Agricultural Representative

e. Date Signed July 25, 2002

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Authorized for Local Reproduction

| | | | | OM | B Approval No. 0348-0043 | |
|---|-----------------------------|---|--------------------------|-----------------------------|--|----------|
| PLICATION FOR | | 2, DATE SUBMITTED | | Applicant Identifier | | 2013 |
| EDERAL ASSISTAN | 1CE | 07/24/02 | | | | |
| | | 3. DATE RECEIVED BY | STATE | State Application Identifie | | |
| TYPE OF SUBMISSION: | | 3. DATE RECEIVED D. | • | | | |
| Application | Preapplication Construction | 4. DATE RECEIVED BY | FEDERAL AGENCY | Federal Identifier | | |
| Construction | Non-Construction | | | <u> </u> | | |
| Non-Construction APPLICANT INFORMATION | Honochas | | | | *** Communi | r v |
| al Name: | | | Organizational Unit. | Imperial con | inty Community | - 7 |
| County o | <u>f Imperial</u> | | Nome and leighfight | number of person to be co | enty Communi | |
| tress (give city, county, State | , and zip code): | | this application (give a | rea code) Ken Ho | llis, Direct | or |
| 836 Main St | ## | | (760) | 337.7814 | | 200 |
| El Centro, | CA 92243 | | | | rocin harl | |
| MPLOYER IDENTIFICATION | N NUMBER (EIN): | | 7. TYPE OF APPLIC | ANT: (enter appropriate le | 8 | |
| | 2012 | | | H. Independent School (| Dist. | |
| 95 -6 0 0 | 09124 | | A. State B. County | I. State Centrolled Institu | ition of Higher Learning | |
| TYPE OF APPLICATION: | | | C. Municipal | J. Private University | | |
| ☐ No | w Continuation | - Revision | D. Township | K. Indian Tribe | | |
| | gode) in bostes) | | E Interstate | L. Individual | | |
| Revision, enter appropriate le | (E)(S) 81 DOV(CO) | , | F. Intermunicipal | M, Profit Organization | | |
| A. Increase Award B. De | ecrease Award C. Incre | sase Duration | G. Special District | N. Other (Specify) | | |
| D. Decrease Duration Othe | • | | S. NAME OF FEDE | RAL AGENCY: | | |
| | | | Economic | Developmen | t Administra | tigu |
| | -AMEGINA ACCISTANCI | E NI IMAFA: | | TITLE OF APPLICANT'S | | |
| L CATALOG OF FEDERAL | DOMESTIC MODISTARCE | 111-302 | Franchi | c Developme | at Playning | 15 88 |
| 1 | | | | nce Grant | TE PE II V | E |
| TITLE: | | | ASSISta | ince grafful | <u> </u> | |
| 2 AREAS AFFECTED BY P | ROJECT (Cities, Countles, | , States, etc.): | | 11"\ | | |
| | | | | 1101 | | ψ 🍱 |
| Countywide | | TARTE OF | | | T JUL & V | |
| 3. PROPOSED PROJECT | 14. CONGRESSIONAL | LDISTRICTS OF: 52nd | d of Calif | ornia | | - 3 |
| 10 F - 0010 | a, Applicant | *************************************** | b, Project | | The state of the s | U |
| Start Oate Ending Date | 525d of C | alifornia | 5 <u>2nd of</u> | Californi | ATE CLEARING | HU |
| 7/02 7/03 15. ESTIMATED FUNDING: | <u> 1 3200 OF G</u> | <u></u> | | ON SUBJECT TO REVEL | V BY STATE EXECUTIVE | |
| 5. ESTIMATED FORDING: | | | ORDER 12372 | PROCESS? | | |
| a. Federal | | . | | REAPPLICATION/APPLIC | ATION WAS MADE | |
| ir angelei | 60,000 | a | a. YES, THIS PI | BLE TO THE STATE EXE | CUTIVE OFIDER 12372 | |
| b, Applicant | \$ | <u> </u> | PROCE | SS FOR REVIEW ON: | | |
| - • | | | - | | | 1 |
| c, State | S | • | DATE | <u> 7/24/02 _</u> | | |
| | \$ | | | | BV E | 3 |
| d, Local | 20,000 | | b. No. 🛘 PRO | GRAM IS NOT COVERED | DI E.U. 143/4 NICELECTED BY STATE | |
| a Other | \$ | - 60 | | ROGRAM HAS NOT BEE | A GENERAL BY ALVIE | 3 |
| e, Other | | | FOR | REVIEW | | |
| f, Program Income | \$ | | 17, IS THE APPL | ICANT DELINGUENT ON | ANY FEDERAL DEBT? | |
| | \$ 25.000 | | | ee." attach an explanatio | | 3 |
| g. TOTAL | | | | | | - 1 |
| 18. TO THE BEST OF MY K | | F, ALL DATA IN THIS APP | PLICATIONPREAPPL | ICATION AHE THUE AND | COMPLY WITH THE | |
| COCUMENT HAS BEEN D | IULY AUTHORIZED BY IT | HE GOAEHMING GOD! AL | THE APPLICANT AN | ID IME APPLICANT WILL | AAMERICALIST COM | |
| ATTACHED ASSURANCE | S IF THE ASSISTANCE IS | S AWANDED. | | c. Telephone Numbe | | |
| a. Type Name of Authorized | Representative | | e <u>cutive O</u> | fficer (76 | 0)482-4290 | _ 🖠 |
| Ann Cape | ela | Curer rx | CCULLYE O | e. Date Signed | | |
| d. Signature of Authorized | depresentative | | | 7/ | 24/02 | |
| L. | piece | | | Standard | Form 424 (Rev. 7-97) | |
| Previous Edition Usable | tuction. | | | Prescribe | d by OMB Circular A-102 | |
| Authorized for Local Repro- | ALIPURIUM I | | | | | 7 |

| A PRI IDATION FOR | | | | Γ | DOME AND | 2 Eno 1034 V004 |
|--|---------------------------------------|---------------------------|--|--|----------------------------|----------------------|
| APPLICATION FOR | | 2. DATE SUBMITTED | | Applicant Identil | # V | • |
| FEDERAL ASSISTAI | NCF | 7/26/02 | | Y536 | Inli | ui 2.6 2002 |
| 1. TYPE OF SUBMISSION: | | 3. DATE RECEIVED EN | / STATE | State Application | | HF 5-0 300 |
| | Preapplication | 0.2/12/12/2 | | | | |
| Application Construction | Construction | 4. DATE RECEIVED BY | FEDERAL AGENCY | Federal Identifior | Water Value | OLEADING H |
| Non-Construction | Non-Construction | | | <u></u> | SIAIL | CLEARING H |
| 5. APPLICANT INFORMATION | | | 1.6 | | | |
| Legal Name: | | | Organizational Unit: | | | |
| Rural Community As | sistance Corpor | ation | Name and telephone | number of person t | to be contactor | on matters involving |
| Address (give city, county, State | | | this application (give a | | | ; |
| 3120 Freeboard Dr. | | 05601 | Frank Emmick | , 916/447-9 | 9832 xll0 | |
| West Sacramento, Y | olo County, CA | A30AT | | | | |
| 6. EMPLOYER IDENTIFICATIO | N NUMBER (EIN): 2 8 4 | | 7. TYPE OF APPLICA | ANT: (<i>enter approp</i> H. Independent 5 | | (N) |
| 8, TYPE OF APPLICATION: | | | B. County | I, State Controllo | | Higher Learning |
| | D a | Revision | C. Municipal | J. Private Univor | sity | |
| [X] Nev | √ Continuation | Honstell | D. Township | K. Indian Tribo | | ļ |
| If Rovision, enter appropriate let | ter(s) in box(cs) | | E. Interstate | L. Individual M. Prolit Organiz | ration | |
| | him Annual C Income | se Duration | F. Intermunicipal G. Special District | N. Other (Specify | Nonorc | fit |
| M. dipitoman vitamia | crease Award | 56 Duianon | C, Special Biolitic | | ,, 2 | |
| D. Decrease Duration Other | apasity). | | 9. NAME OF FEDER | AL AGENCY; | | |
| | | | DHHS - ACF/ | ocs | | |
| 10. CATALOG OF FEDERAL D | OMESTIC ASSISTANCE | NUMBER: | 11. DESCRIPTIVE TI | TLE OF APPLICA | NT'S PROJEC | T: |
| Rural Com TITLE: Developm 12. AREAS AFFECTED BY PR | munity | 9 3 -5 7 0 | Community F Program Are | | chnical A | ssistance |
| Rural areas ini AF OF | (, AZ, CA, CO, H R <u>, UT, WA</u> | I, NV, NM, ID, | | *** | | |
| 13. PROPOSED PROJECT | 14, CONGRESSIONAL I | DISTRICTS OF: | | | | |
| Start Date Ending Date | a. Applicant | | b. Project Variou | s, 11 West | ern state | es: AK, AZ, |
| 9/30/02 9/29/05 | California Di | strict 3 | CA, CO, HI | . ID. NV. I | M, OR, I | IT, WA |
| 15. ESTIMATED FUNDING: | | <u></u> | 16. IS APPLICATION ORDER 12372 P | | EVIEW BY ST | A) E EXECUTIVE |
| a. Federal | \$ 1,000 | ,000 | a. YES. THIS PRE | APPLICATION/AP | PLICATION W | IAS MADE |
| b. Applicant | \$ 400 | ,:000 | 1 | E TO THE STATE S FOR REVIEW O | | ORDER 12372 |
| c. State | 1.38 | ,053 | DATE | 7/26/02 | | |
| d. Local | \$ | , pt) | - | or CA and N | IM ERED BY E. O. | 12372 |
| c. Other | \$ 2,413 | 383 | ☐ OR PRO | OGRAM HAS NOT | BEEN SELEC | TED BY STATE |
| I. Program Income | \$ | ,002 | | instru | ctions | |
| | | 0 | 17. IS THE APPLICA | | | _ |
| g. TOTAI. | 3,951 | 135 | Yes If "Ycs," | - | | ⋉ No |
| 18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DUL | TIME BOSE AND BELIEF | ALL DATA IN THIS APPLI | CATION/PREAPPLICA HE APPLICANT AND T | TION ARE TRUE THE APPLICANT ! | AND CORRECT WILL COMPLY | OT, THE WITH THE |
| ATTACHED ASSURANCES I | F THE ASSISTANCE IS A | WARDED. | | | | |
| a. Type Name of Authorized Re William French | | b. Tille Chief Execut: | lve Officer | c. Telephono Nu 916/447- | | |
| d. Signature of Authorized Rep | regernative | | | e. Date Signed | 7/26/02 | |
| Will | 1 am | , | | <u>l</u> | dard Form 424 | (Um. 7-97) |

Provious Edition Usable Authorized for Local Reproduction

| | GEOVE I |
|--|--|
| APPLICATION FOR | W E 000 OMB Approve No. 0348-0043 |
| FEDERAL ASSISTANCE 240ATE SUBMITTED | Applicant Identifier 2002 |
| 1111 25 | 2002 |
| 1. TYPE OF SUBMISSION: 43-DATE ŘĚČEIVĚD BY | STATE State Application Identifier |
| Application Preapplication Construction Construction Construction | FEDERAL AGIN VI Forger I dentifie |
| Non-Construction Non-Construction SIAIE CLEARIN | IG HOUSE |
| 5. APPLICANT INFORMATION Legal Name: | Organizational Unit: |
| East Niles Community Services District | Organization of the |
| East Wiles Community Services District Address (give city, county, State, and zip code): 1417 Vale Street | Name and telephone number of person to be contacted on matters involving |
| Bakersfield, CA. 93306 | this application (give area code) |
| Kern County | Kelly Ulrich (661)871-2011 |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): | 7. TYPE OF APPLICANT: (enter appropriate letter in box) |
| 95-6006261 | A. State H. Independent School Dist. |
| 8. TYPE OF APPLICATION: | B. County I. State Controlled Institution of Higher Learning |
| New Continuation Revision | C. Municipal J. Private University D. Township K. Indian Tribe |
| If Revision, enter appropriate letter(s) in box(es) | E. Interstate L. Individual |
| A. Increase Award B. Decrease Award C. Increase Duration | F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) |
| D. Decrease Duration Other(specify): | C. Opedar District VI. Outof (opedary) |
| | 9. NAME OF FEDERAL AGENCY: |
| | USDA - Rural Development |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: |
| 10-760 | Due to loss of Surface water for our treatment plant, we must drill |
| TITLE: Water and Waste Disposal Loan and Gran | * /%\ |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): APPIC CO | fumps in order to replace the |
| e; | fumps in order to refined the |
| 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: | 1031 |
| Start Date Ending Date a. Applicant | b. Project |
| ASAP Oct 2003 Congress District 20 \$ 21 | Congress District 21 |
| 15. ESTIMATED FUNDING: | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? |
| a. Federal \$ 0.000 | |
| 2,000,000 | a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 |
| b. Applicant \$ | PROCESS FOR REVIEW ON: |
| c. State \$.∞ | DATE July 10,2002 |
| d. Local \$.00 | b. No. PROGRAM IS NOT COVERED BY E. O. 12372 |
| e. Other \$.60 | OR PROGRAM HAS NOT BEEN SELECTED BY STATE |
| f. Program Income \$ | FOR REVIEW |
| | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? |
| g. TOTAL \$ 2,000,000 | Yes If "Yes," attach an explanation. |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLIC | CATION/PREAPPLICATION ARE TRUE AND CORRECT, THE |
| DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | E APPLICANT AND THE APPLICANT WILL COMPET WHITE |
| a Type Name of Authorized Representative b Title | Manager (661) 871-2011 |
| d. Signature of Authorized Representative / / | |
| d. Signature of Authorized Appresentative / 1 | e. Date Signed July 10, 2002 |

Authorized for Local Reproduction

| APPLICATI FEDERAL | ON FOR ASSISTANCI | | / 15. DAMES JEMUTTED | Applicant Identifier | | |
|---|--|--|---|---|--|--|
| 1. TYPE OF SUBMISS | | JUL 2.5 20 | 3, DATE RECEIVED BY STATE | State Application Identifier | | |
| Application Construction Non-Construction | * | D Coordination Coordinate CLEARING | HONERECEIVED BY FEDERAL AGENCY | Federal Identifier | | |
| 5. APPLICANT INFO | RMATION | | · | | | |
| | | ality Management | - Organizational Unit: | · | | |
| 1 | | et | Name and telephone number of the person to be contapplication (give area code) Ronald C. Romanager (41) | aimondi, Finance | | |
| 6. EMPLOYER IDENT 94 16 | 522746 | · | 7. TYPE OF APPLICANT: (enter appropriate A. State H. Independent B. County I. State Control C. Municipal J. Private Univ. D. Township K. Indian Tribe E. Individual | t School District Hed Institution of Higher Learning ersity | | |
| U Revision, enter approp A. Lacrosse | Continuation C Revision printe letter(s) in box(cs): | D D :Awud | F. Internamicipal M. Profit Organization G. Special District N. Other (Specify):G | | | |
| Other Specia | | | 9. NAME OF FEDERAL AGENCY: | | | |
| | | | Environmental Protection | Agency | | |
| 10. CATALOG OF FEI DOMESTIC ASSIST | DERAL FANCE NUMBER: 6. 4 | 5 E D E | II. DESCRIPTIVE TITLE OF APPLICANT'S PRO | | | |
| mne Si Sect. | ırveys ₇ Studic 103 Air Grant | es-Investigations-Sepcl t | Support for air monitori in the San Francisco Bay | | | |
| Contra Cos | sta, Marin, 1 | Napa, San Francisco, a, Solano and Sonoma | \$ 80,000.00 | ć. | | |
| 13. PROPOSED PROJE | CT: | 14. CONGRESSIONAL DISTRICT OF: | - | | | |
| Start Date 8/1/02 | End Date 12/31/02 | a. Applicant: | | b. Project 04-13 | | |
| 15. Estimated Funding: | | | 16. IS APPLICATION SUBJECT TO REVIE | W BY STATE EXECUTIVE ORDE | | |
| | | 80,000,0 | 12372 PROCESS? | | | |
| b. Applicant | | \$ 80,000.0 | YES. THIS PREAPPLICATION/APPLITO THE STATE EXECUTIVE ORDER ON: | | | |
| c. State | • | \$ | DATE 7/25/02 | | | |
| d. Locul | | \$ | b. NO. | | | |
| e. Other | | \$ | O PROGRAM IS NOT COVERED BY I | | | |
| f. Program Income | | \$ | 17. IS THE APPLICANT DELINQUENT ON ANY | | | |
| g. TOTAL | | \$ 80,000.00 | O Yes If "Yes" attach an explanation. | D No | | |
| BEEN DUL | ST OF MY KNOWLEDS Y AUTHORIZED BY TH FANCE IS AWARDED. | GE AND BELIEF. ALL DATA IN THIS AI HE GOVERNING BODY OF THE APPLICA | PPLICATION/PREAPPLICATION ARE TRUE AND CO NT AND THE APPLICANT WILL COMPLY WITH TH | RRECT, THE DOCUMENT HAS E ATTACHED ASSURANCES IF | | |
| a. Typed Name of Author | orized Representative. Peter He | | b. Tale: Deputy Air Pollution Control Officer | c. Telephone Number (415) 749-4971 | | |
| d. Signature of Authoriz | ed Representative | 1201 | | 749-4971 e. Date Signed 7/24/02 | | |
| Previous Educina Not Usable | | les f & | | // 24/ UZ Shandard Form 424A (REV 4) | | |
| | | | | Prescribed by OMR Carolic A-10 | | |

| ~ 3 | Approva | 00.00 | 000 |
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| APPLICATION FOR | | The last the state of the state | | A sellengt I dentify | OMB Approval No. 0346-0043 |
|---|-----------------------------|--|---|-------------------------------------|--|
| FEDERAL ASSISTA | NCE | 2. DATE SUBMITTED May 28 | 3, 2002 | Applicant identifier | |
| 1. TYPE OF SUBMISSION: | | 3. DATE RECEIVED BY | STATE | State Application Id | entifier |
| Application Construction | Preapplication Construction | 4. DATE RECEIVED BY | Y FEDERAL AGENCY | Federal Identifier | |
| Non-Construction 5. APPLICANT INFORMATION | Non-Construction | | | | |
| Legal Name: | | | Organizational Unit: | | |
| County of Colusa | | | Migrant Hous | | |
| Address (give city, county, State | | | Name and telephone this application (give a | • | be contacted on matters involving |
| 100 Sunrise blvd., S | uite F | | triis application (give a | rea code) | al a Liver of the Control of the Con |
| Colusa, CA 95932 | | | Harry A. Krug | <u>, 530-458-05</u> 8 | 30 |
| 6. EMPLOYER IDENTIFICATION | | | 7. TYPE OF APPLICA | NT: (enter appropria | |
| 93-6000 | 5 0 8 | | A. State | H. Independent Sch | B B |
| 8. TYPE OF APPLICATION: | | | B. County | • | nstitution of Higher Learning |
| ✓ Ne | w Continuation | Revision | C. Municipal | J. Private University | , |
| _ | - kaunul | | D. Township | K. Indian Tribe | |
| if Revision, enter appropriate le | tter(s) in box(es) | | E. Interstate F. Intermunicipal | L. Individual M. Profit Organizati | on |
| A. Increase Award B. De | crease Award C. Increas | se Duration | G. Special District | N. Other (Specify) | |
| D. Decrease Duration Other | | | | | |
| | | | 9. NAME OF FEDER | AL AGENCY: | |
| | | | U.S.D.A. Rural D |)evelopment | |
| 10. CATALOG OF FEDERAL I | OMESTIC ASSISTANCE N | IUMBER: | 11. DESCRIPTIVE TI | TLE OF APPLICANT | r'S PROJECT: |
| | | 1 0 - 4 0 5 | Williams Agricult | ural Farm Labor | Housing |
| TITLE: | | | - | | |
| 12. AREAS AFFECTED BY PR | OJECT (Cities, Counties, S | lates, etc.): | 1 | | |
| City of Williams, County | of Colusa, California | | | | |
| 13. PROPOSED PROJECT | 14. CONGRESSIONAL D | DISTRICTS OF: | | | JUL 2 4 200 |
| Start Date Ending Date | a. Applicant | | b. Project | | |
| 1/1/03 12/31/03 | | 3 | | 3 | LSTATE CLEARING! |
| 15. ESTIMATED FUNDING: | | | 16. IS APPLICATION | | IEW BY STATE EXECUTIVE |
| a. Federal | \$ | 3,000,000 | | | ICATION WAS MADE |
| b. Applicant | \$ | 5,000 ^{°°} | 1 | E TO THE STATE EX | XECUTIVE ORDER 12372 |
| c. State | \$ | 2,000,000 | DATE | | |
| d. Local | \$ | 400,000 | b. No. PROGR | AM IS NOT COVERE | ED BY E. O. 12372 |
| e. Other | S | .00 | OR PRO | | EN SELECTED BY STATE |
| f. Program Income | \$ | .06 | 17 IS THE ABDUSCA | NT DELIMOTENT O | N ANY FEDERAL DEBT? |
| g. TOTAL | \$ | 5,405,000 ° | | attach an explanati | |
| 18. TO THE BEST OF MY KNO | | LL DATA IN THIS APPLI | | | |
| DOCUMENT HAS BEEN DUL | | | TE APPLICANT AND T | ne applicant Wil | L COMPLY WITH THE |
| a: Type Name of Authorized Re | | b. Title | | c. Telephone Numb | |
| Harry A. Krug | | Director of Migran | I/ | | |
| d. Signature of Authorized Repr | resentative / | 4 | | e. Date Signed | 102 |
| Previous Edition Usable | 1 | | | | d Form 424 (Rev. 7-97) |
| Authorized for Local Reproduct | ion | | | Prescribe | ed by OMB Circular A-102 |

OMB Approval No. 0348-0043 - APPLICATION FOR 2 DATE SUBMITTED Applicant Identifier FEDERAL ASSISTANCE 7/23/02 1. TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE State Application Identifier Application Construction Preapplication Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Non-Construction Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: Local Government Commission Name and telephone number of person to be contacted on matters involving Address (give city, county, State, and zip code): this application (give area code) 1414 K Street, Suite 600 Sacramento, CA 95814 Michele Kelso 916-448-1198 ext 308 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) lN - 2 7 9 1 6 9 H. Independent School Dist. A. State B. County I. State Controlled Institution of Higher Learning A TYPE OF APPLICATION: C. Municipal J. Private University Revision Continuation New New D. Township K. Indian Tribe E. Interstate L. Individual If Revision, enter appropriate letter(s) in box(es) M. Profit Organization F. Intermunicipal N. Other (Specify) non-profit G, Special District C. Increase Duration A. Increase Award B. Decrease Award Other(specify): D. Decrease Duration 9. NAME OF FEDERAL AGENCY: U.S. EPA, Region IX 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 6 0 6 Surveys, Investigations, 2003 Smart Growths Conference TITLE: Studies, & Special Purpose Grants 12. AREAS AFFECTED BY PROJECT (Chies, Counties, States, etc.): California and western states 14. CONGRESSIONAL DISTRICTS OF: 13 PROPOSED PROJECT Congressman Robert Matsui b. Project STATE CLEARING HOUSE Ending Date a. Applicant Start Date 9/1/02 12/31/01 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 15. ESTIMATED FUNDING: ORDER 12372 PROCESS? \$10,000 a. Federal S 8, YES. THIS PREAPPLICATION/APPLICATION WAS MADE \$10,000 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 \$ b. Applicant PROCESS FOR REVIEW ON: 5 c. State DATE _______ DCI \$ d. Local b. No. | PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE s e. Other FOR REVIEW \$ f. Program Income 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL Yes If "Yes," attach an explanation. Ų No \$10,000 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. c. Telephone Number a. Type Name of Authorized Representative 916-448-1198 Executive Director Judith A.Corbet d. Signature of Authorized Representative e. Date Signed 09-

Previous Édition Usable Authorized for Local Reproduction

OMB Approval No. 0348-0043

| APPLICATION FOR | | | | OMB Approval No. 0348-0043 |
|---|---|---------------------------------------|--------------------------------------|---|
| FEDERAL ASSISTAN | ICE | 2 DATE SUBMITTED | | Applicant Identifier |
| 1. TYPE OF SUBMISSION: | | 3. DATE RECEIVED BY | STATE | State Application Identifier |
| Application | Preapplication | | | |
| Construction | Construction | 4. DATE RECEIVED BY | FEDERAL AGENCY | Federal Identifier |
| Non-Construction | Non-Construction | | | |
| 5, APPLICANT INFORMATION | | | Organizational Unit: | |
| Legal Name: COMMUNITY MA | TTERS | • | CORPORATI | ON - NON PROFIT ORG |
| Address (give city, county, State, | and zip code); | | | number of person to be contacted on matters involving |
| P.O. BOX MALE | | | this application (give a | |
| SANTA ROJA, CI | 4 95-102 | | CHRIS PAC | <u> </u> |
| 6. EMPLOYER IDENTIFICATION | NUMBER (EIN): | | 7. TYPE OF APPLICA | NT: (enter appropriate letter in box) |
| 68-0369 | | | 1 | N Lada a and are Sobred Diet |
| | | | A. State | H. Independent School Dist. I. State Controlled Institution of Higher Learning |
| 8. TYPE OF APPLICATION: | | | B. County C. Municipal | J. Private University |
| Mew 🔯 New | Continuation | Revision | D. Township | K. Indian Tribe |
| M. D. Jilian anna annominta latte | welle hovies) | 1 | E. Interstate | L. Individual |
| If Revision, enter appropriate lette | al(s) iti box(cs) | | F. intermunicipal | M. Profit Organization |
| 74, 1,14 | | e Duration | G. Special District | M Profit Organization N Other (Special) Nin- profit \$204.03 |
| D. Decrease Duration Other(s | роснуј. | | 9. NAME OF FEDERA | L AGENCY: |
| | | · . | US EPA | 1 HELEUSE 24 2002 1 |
| 10. CATALOG OF FEDERAL DO | MESTIC ASSISTANCE N | IMRER- | | TLE OF APPLICANT'S PROJECT: |
| 10. CATALOG OF FEDERAL O | NACO I O MODIO (MITOLE II | | | · · · · · · · · · · · · · · · · · · · |
| | | 66-606 | SAU JOAR | LISTATE CLEARING HOUSE |
| TITLE: CWA | 104 (B) 3 DECT (Cities, Counties, St | ates, etc.): | Regulatory & | "Beyond Compliance" |
| STATE & CALLE | • | | Mapping and | Strategic Planning |
| 13. PROPOSED PROJECT | 14. CONGRESSIONAL D | ISTRICTS OF: | | |
| | | | In Building | |
| | a. Applicant | - | b. Project | 21,20,19,18,11,5 |
| | CALIFORNIA: 6 | | 16 IS APPLICATION | SUBJECT TO REVIEW BY STATE EXECUTIVE |
| 15. ESTIMATED FUNDING: | | | ORDER 12372 PF | |
| a. Federal | s 50, | 000. | NES THIS PRE | APPLICATION/APPLICATION WAS MADE |
| b. Applicant | · · | 90 | AVAILABLE | E TO THE STATE EXECUTIVE ORDER 12372 |
| р. Аррисатк | | | 1 | FOR REVIEW ON: |
| c. State | \$ | | DATE | 7/23/02 |
| d. Local | \$ | | b. No. PROGRA | AM IS NOT COVERED BY E. O. 12372 |
| e. Other | S | | OR PRO | GRAM HAS NOT BEEN SELECTED BY STATE VIEW |
| 1. Program income | \$ -: | . 🚾 | 17 IS THE APPLICA | NT DELINQUENT ON ANY FEDERAL DEBT? |
| g, TOTAL | \$ 50.0 | · · · · · · · · · · · · · · · · · · · | Tes If "Yes," attach an explanation. | |
| 18, TO THE BEST OF MY KNO | L | LL DATA IN THIS APPLI | CATION/PREAPPLICA | TION ARE TRUE AND CORRECT, THE |
| DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF | AUTHORIZED BY THE G THE ASSISTANCE IS AW | OVERNING BODY OF T ARDED. | HE APPLICANT AND T | HE APPLICANT WILL COMPLY WITH THE |
| a. Type Name of Authorized Rep | | b. Tille | N. 4. 3 | a. Telephone Number |
| RICK PHILLIPS | | EXECUTIVE | DIRECTOR | 707-823-6159 |
| d. Signature of Authorized Repre | sentative | | | e. Date Signed 7/2-2/01- |
| Provious Edition Lisable | tulyn_ | | ····· | Standard Form 424 (Rev. 7-97) |

APPLICATION FOR

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|---|--------------|----|------|-------|---------|---|-----|--------|------|----------|
| 1 | \ <u>"</u> \ | 1 | | | | - | OMB | Appro | val | N |
| | | AF | plic | antid | entifié | 2 | 20 | UZ | | L |
| | | 7 | | | | | | | NA.C | 1 |

| APPLICATION FOR | | | | OMB App | roval No. 0348-0043 | |
|---|------------------------------|------------------------|---|---|-----------------------|--|
| FEDERAL ASSISTAN | ICE. | 2. DATE SUBMITTED | | Applicant dentifié 2 2002 | | |
| LEDEUAL WOOIS I WI | 4CL | 7/18/02 | | 1001 200 | | |
| I. TYPE OF SUBMISSION: | | 3. DATE RECEIVED E | | Sate Application Identifier | TOUCE | |
| Application X Construction | Preapplication Construction | 4. DATE RECEIVED E | Y FEDERAL AGE | Spare Application Identifier | 1000-1 | |
| Non-Construction | Non-Construction | | | | | |
| . APPLICANT INFORMATION eqai Name: | | | Organizational (| Unit: | | |
| City of | Gonzales | | | Planning Depar | | |
| Address (give city, county, State, P.O. Box 647, 147 Fourth S-Gonzales, Mon | and zip code): | 93926 | this application | chone number of person to be contacted (give area code) Peterson (831) 6 | | |
| . EMPLOYER IDENTIFICATION | | 00000 | | PPLICANT: (enter appropriate letter in b | | |
| 94-6000 | | | | | C | |
| | 20, 1(1) | | A. State B. County | H. Independent School Dist. I. State Controlled Institution of | Higher Learning | |
| B. TYPE OF APPLICATION: | _ | /mmg | C. Municipal | J. Private University | Tagnor 200mmg | |
| X Nev | y Continuation | Revision | D, Township | K. Indian Tribe | | |
| f Revision, enter appropriate let | ter(s) in box(es) | | E. Interstate | L. Individual | | |
| record to the second of the control | | | F. Intermunici | | | |
| A. Increase Award B. Dec | rease Award C. Incre | ase Duration | G. Special Di | strict N. Other (Specify) | | |
| D. Decrease Duration Other | specify): | | | | | |
| | | | 9. NAME OF FEDERAL AGENCY: Economic Development Administrati | | | |
| | | | | U.S. Department of Commerce | | |
| | | | | | | |
| 0. CATALOG OF FEDERAL D | OMESTIC ASSISTANCE | NUMBER: | 1 | IVE TITLE OF APPLICANT'S PROJEC | 1 | |
| | | | | & construct stre | | |
| 77T F. | • | | | ge & underground | utilities | |
| TITLE: 12. AREAS AFFECTED BY PR | OJECT/Cities, Counties, | States, etc.): | ⊢in new | industrial park | | |
| City of Gonz | | | | | | |
| 13. PROPOSED PROJECT | 14. CONGRESSIONAL | DISTRICTS OF: | | | | |
| 13. PROPOSED PROGECT | 74. 00/10/12/00/01/72 | | | | | |
| Start Date Ending Date | a. Applicant | | b. Project | | | |
| 10/1/029/30/0 | 4 Californ | nia 17th | | lifornia 17th | | |
| 15. ESTIMATED FUNDING: | * | | 16. IS APPLIC | ATION SUBJECT TO REVIEW BY ST. | ATE EXECUTIVE | |
| | | | ORDER 12 | 2372 PROCESS? | | |
| a. Federal | \$ 2,0 | 001,000. [∞] | | | IAC MADE | |
| | Ť | - | | S PREAPPLICATION/APPLICATION W AILABLE TO THE STATE EXECUTIVE | | |
| o, Applicant | \$ 8 | 358,000.∞ | 1 | OCESS FOR REVIEW ON: | J., 12512 | |
| c. State | \$ | .00 | | | 1 | |
| c. State | * | • | DAT | re <u>7/18/02</u> | | |
| d. Local | \$ | 00 | | - | | |
| | | 20 | b. No. □ P | ROGRAM IS NOT COVERED BY E. O. | . 12372 | |
| e. Other | \$ | .00 | 1 | R PROGRAM HAS NOT BEEN SELEC | ובט פז SIAIE | |
| | | 80 | - | OR REVIEW | | |
| f. Program Income | \$ | .** | 17, IS THE AP | PLICANT DELINQUENT ON ANY FEE | DERAL DEBT? | |
| g, TOTAL. | \$ 0 | 359,000 ^{.00} | <u> </u> | "Yes," attach an explanation. | ∏ No | |
| | 1 | • | | | | |
| DOCUMENT HAS BEEN DUL | Y AUTHORIZED BY THE | GOVERNING BODY OF | LICATION/PREAP THE APPLICANT | PLICATION ARE TRUE AND CORRE AND THE APPLICANT WILL COMPL' | OT, THE Y WITH THE | |
| ATTACHED ASSURANCES IF | | | | c. Telephone Number | | |
| a. Type Name of Authorized Re | | b.Title | anager | (831) 675-50 | 00 | |
| Henry G. Hes | | CICY W | | e. Date Signed | | |
| d:Signature of Atthorized Rept | Contract of the second | or mount | | 7/18/02 | | |
| _/_ | | -61 | | Standard Form 424 | (Rev. 7-97) | |

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FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

| Recipient ID: | 1652 |
|----------------------|--|
| Recipient Name: | LONG BEACH PUBLIC TRANSPORTATION COMPANY |
| Project ID: | CA-03-0596 |
| Budget Number: | 1 - Budget Pending Approval |
| Project Information: | MTOC |

Part 1: Recipient Information

| Project Number: | CA-03-0596 |
|-----------------|--|
| Recipient ID: | 1652 |
| Recipient Name: | LONG BEACH PUBLIC TRANSPORTATION COMPANY |
| Address: | P.O. BOX 731 , LONG BEACH, CA 90801 0000 |
| Telephone: | (562) 591-8753 |
| Facsimile: | (562) 218-1994 |

Union Information

| Recipient ID: | 1652 |
|---------------|---------------------------|
| Union Name: | ATU |
| Address 1: | 1951 SPRING ST |
| Address 2: | |
| City: | LONG BEACH, CA 90806 0000 |
| Contact Name: | Barbara Gales |
| Telephone: | (562) 490-2334 |
| Facsimile: | (562) 490-2336 |



Part 2: Project Information

| Project Type: | Grant | Gross Project | \$2,475,788 |
|----------------------|------------|----------------------|-------------|
| Project Number: | CA-03-0596 | Cost: | |
| Project Description: | мтос | Adjustment Amt: | \$0 |
| | | Total Eligible Cost: | \$2,475,788 |
| | li . | | |

| Recipient Type: | County Agency |
|---|--------------------------|
| FTA Project Mgr: | Ray Tellis |
| Recipient Contact: | Lisa Patton 562.599.8511 |
| New/Amendment: | None Specified |
| Amend Reason: | None Specified |
| | |
| Fed Dom Asst. #: | 20507 |
| Sec. of Statute: | 5309 |
| State Appl. ID: | None Specified |
| Start/End Date: | j a |
| Recvd. By State: | |
| EO 12372 Rev: | YES |
| Review Date: | Jul. 18, 2002 |
| Planning Grant?: | NO |
| Program Date (STIP/UPWP/FTA Prm Plan) : | Sep. 25, 2001 |
| Program Page: | LA01B106 & LAOB354 |
| Application Type: | Electronic |
| | |
| Supp. Agreement?: | Yes |
| Debt. Deling. Details: | |

| Total FTA Amt: | | \$1,980,630 |
|--------------------------|---|-------------|
| Total State Amt: | *************************************** | \$0 |
| Total Local Amt: | | \$495,158 |
| Other Federal Amt: | | \$0 |
| Special Cond Amt: | - | \$0 |
| | | |
| Special Condition: | None Specified | |
| S.C. Tgt. Date: | None Specified | |
| S.C. Eff. Date: | None Specified | |
| Est. Oblig Date: | None Specified | |
| Pre-Award Authority?: | Yes | |
| Fed. Debt Authority?: | No | |
| Final Budget?: | No | |

Urbanized Areas

| UZA ID | UZA Name |
|-----------|-----------------|
| 60020 | LOS ANGELES, CA |

Congressional Districts

| State ID | District Code | District Official |
|----------|---------------|-------------------------|
| 6 | 37 | Juanita Millender-McDon |
| 6 | 38 | Steve Horn |
| 6 | 39 | Edward Royce |

Project Details

PROJECT DESCRIPTION

This project includes funding for Replacement Buses (Two Alternative Fuel MTOC Buses) and the renovation of existing maintenance and fueling station facilities to accomodate the operation and maintenance of LNG fueled vehicles (Alternative Fuel Facility Design/Construction).

LOCAL FUNDS

The source of local funds are 2002 TDA Article IV funds.





FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

| Recipient ID: | 1652 |
|----------------------|--|
| Recipient Name: | LONG BEACH PUBLIC TRANSPORTATION COMPANY |
| Project ID: | CA-40-X011-00 |
| Budget Number: | 1 - Budget Pending Approval |
| Project Information: | Emergency Drills |

Part 1: Recipient Information

| Project Number: | CA-40-X011-00 |
|-----------------|--|
| Recipient ID: | 1652 |
| Recipient Name: | LONG BEACH PUBLIC TRANSPORTATION COMPANY |
| Address: | P.O. BOX 731 , LONG BEACH, CA 90801 0000 |
| Telephone: | (562) 591-8753 |
| Facsimile: | (562) 218-1994 |

Union Information

| Recipient ID: | 1652 |
|---------------|---------------------------|
| Union Name: | ATU |
| Address 1: | 1951 SPRING ST |
| Address 2: | |
| City: | LONG BEACH, CA 90806 0000 |
| Contact Name: | Barbara Gales |
| Telephone: | (562) 490-2334 |
| Facsimile: | (562) 490-2336 |



\$35,000

\$35,000

Part 2: Project Information

| Project Type: | Grant | Gross Project |
|----------------------|------------------|----------------------|
| Project Number: | CA-40-X011-00 | Cost: |
| Project Description: | Emergency Drills | Adjustment Amt: |
| | | Total Eligible Cost: |

| Recipient Type: | County Agency |
|---|-------------------------------|
| FTA Project Mgr: | Ray Tellis 213.202.3956 |
| Recipient Contact: | Lisa Patton 562.599.8511 |
| New/Amendment: | None Specified |
| Amend Reason: | None Specified |
| | |
| Fed Dom Asst. #: | None Specified |
| Sec. of Statute: | • |
| State Appl. ID: | None Specified |
| Start/End Date: | Aug. 01, 2002 - Dec. 31, 2002 |
| Recvd. By State: | Jul. 17, 2002 |
| EO 12372 Rev: | Not Applicable |
| Review Date: | None Specified |
| Planning Grant?: | NO |
| Program Date (STIP/UPWP/FTA Prm Plan) : | Apr. 03, 2002 |
| Program Page: | |
| Application Type: | Electronic |
| | |
| Supp. Agreement?: | No |
| Debt. Delinq. Details: | |

| Total FTA Amt: | \$35,000 |
|--------------------------|----------------|
| Total State Amt: | \$0 |
| Total Local Amt: | \$0 |
| Other Federal Amt: | \$0 |
| Special Cond Amt: | \$0 |
| | |
| Special Condition: | None Specified |
| S.C. Tgt. Date: | None Specified |
| S.C. Eff. Date: | None Specified |
| Est. Oblig Date: | None Specified |
| Pre-Award Authority?: | Yes |
| Fed. Debt Authority?: | No |
| Final Budget?: | No |

Urbanized Areas

| UZA ID | UZA Name |
|--------|-----------------|
| 60020 | LOS ANGELES, CA |

Congressional Districts

| State ID | District Code | ct Code District Official | |
|----------|---------------|---------------------------|--|
| 6 | 37 | Juanita Millender-McDon | |
| 6 | 38 | Steve Horn | |
| 6 | 39 | Edward Royce | |

Project Details

Emergency Preparedness Drills Agency Exercise Coordinator's name and contact number: Ed King, Executive Director of Operations, (562) 599-8509

The goal of the exercise is to ensure that the resources and the preparation for a disaster meet and exceed the expectations of our community and the employees responding to the disaster by:

1. Providing the support for the transport of resources responding to the emergency and the safe evacuation of

| APPLICATION FOR | } | | | | / |
|--|------------------------------|---------------------------------|--|---|--|
| FEDERAL ASSISTA | ANCE | 2. DATE SUBMIT | TFD. | Applicant Identifier | MB Approval No. 0348 |
| <u>;</u> | | 7-19-07 | 1 | | |
| 1. TYPE OF SUBMISSION: | 3. DATE RECEIV | | DRVSTATE | | |
| Application Construction | Preapplication | | DOISTATE | State Application Identifi | er |
| Non-Construction | Construction | 4. DATE RECEIVED BY FEDERAL AGI | | NCY Federal Identifier | |
| Non-Construction 5. APPLICANT INFORMATION | | | | . cderar identifier | |
| Legal Name: | | | | | |
| Som Di | ego Baykeep | 78.C | Organizational U | nit: | |
| Prodiess (give city, county, State | e, and zip code): { | | Name and telephone number of person to be contacted on matters invo | | |
| 2924 Emerson St | ・ゼフフの | | this application (9 | one number of person to be con | ntacted on matters invi |
| San Orego, CA | 97122 | | | • | |
| 6. EMPLOYER IDENTIFICATIO | N NIIMBED (EIAI). | | Itiram ? | Sarabia (69)7 | FS7-7742 |
| 33-0647 | | | 7. TYPE OF APP | LICANT: (enter appropriate lette | er in box) |
| | | | ĺ | | M |
| 8. TYPE OF APPLICATION: | | | A. State B. County | H. Independent School Di | st. |
| Di lew | Continuation | Revision | C. Municipal | State Controlled Institution Private University | on of Higher Learning |
| If Revision, enter appropriate lette | | 1 | D. Township | K. Indian Tribe | |
| appropriate letti | er(s) in box(es) | | E. Interstate | L. Individual | |
| A. Increase Award B. Decr | ease Award C. Increase | e Duration | F. Intermunicipa | M. Profit Organization, | 0 6 2 2 |
| | pecify): | o Duranon | G. Special Distri | ct N. Other (Specify) N. Other | -Problet Organiz |
| | | | 9. NAME OF FEDI | | <u> </u> |
| ************************************** | | | ļ | | |
| 0. CATALOG OF FEDERAL DO | MESTIC ASSISTANCE NU | ISSO CO. | Fruitenm | ental Protection | Agency |
| | TO ASSISTANCE NO | | 11. DESCRIPTIVE | TITLE OF APPLICANT'S PRO | DUECT: |
| | _ | 66-60 | Border Con | istal Water Monit | D |
| TITLE: US-MEXIC 2. AREAS AFFECTED BY PRO. | o Border Grand | E Program | 3.00.000 | POWER WICH | oringtrojec |
| E. VUENS ALLEGIED BA BEOF | IECT (Cities, Counties, Stat | les, etc.):V | | 7 | iecenvel |
| Impenal Beach | CA to Ensena | da 11 | j | Saminar (ciapa | |
| | 4. CONGRESSIONAL DIS | TRICTO OF | | A William | JUL 2 2 2002 |
| THE LOCAL MONTHING | - California's | 49:th () 154 | | CTUM PROMO | |
| art Date Ending Date () a | . Applicant | | h Project | | E OFEVORIO HON |
| 0/02 10/03 ESTIMATED FUNDING: | San Orego Br | w Keeper | Bonder C | NSUBJECT TO REVIEW BY | in a trainin ataun ataun kerketain kenta kata kelangan kemanan kemanan kemanan kemanan kemanan kemanan kemanan Kemanan kemanan kemana |
| minus i onibilità. | ∵ | | 16. IS APPLICATIO | N SUBJECT TO REVIEW BY S | torng Trojes |
| Federal s | 51,762 00 | | ORDER 12372 F | PROCESS? | HATE EXECUTIVE |
| 2 | 25,000 | 00 | | | |
| Applicant \$ | | 00 | a. YES. THIS PRE | EAPPLICATION/APPLICATION | WAS MADE |
| | 4 | • | AVAILABL | LE TO THE STATE EXECUTIVE | E ORDER 12372 |
| State \$ | A | , w | PROCESS | FOR REVIEW ON: | |
| ocal | <u> </u> | | DATE | 7/19/02 | |
| S.Ocai | al Committee | .00 | | | |
| Other \$ | | ∞ | b. No. PROGR | AM IS NOT COVERED BY E. C |) 12372 |
| | 76,762 | | OR PRO | GRAM HAS NOT BEEN SELEC | OTED BY STATE |
| ogram Income \$ | A . | ∞ | FOR RE | √IEW | - C C S Supp |
| | | • | 17 IC TUE 4 55115 | A 1994 20 | |
| OTAL \$ | | .00 | | NT DELINQUENT ON ANY FEI | DERAL DEBT? |
| O THE BEST OF MY 2010 | 51,762 | | Yes If "Yes," | attach an explanation. | MO NO |
| TO THE BEST OF MY KNOWLE CUMENT HAS BEEN DULY AUT | DGE AND BELIEF, ALL D | ATA IN THIS APPLIC | ATION/PREAPPLICAT | TION ARE TRUE AND CORDE | |
| ACHED ASSURANCES IF THE | ASSISTANCE IS AWARD | RNING BODY OF THE | APPLICANT AND TH | HE APPLICANT WILL COMPLY | Y WITH THE |
| pe Name of Authorized Represe | ntoti | ED. Title | | | |
| SCUCE Reznik | | Executive Di | ront | c. Telephone Number | |
| gnature of Authorized Representa | live > | | rector | 16191753-774 | 3 |
| ous Edition Usable | | | The state of the s | e. Date Signed | |
| | | | | Standard Form 424 | (Rev. 7-07) |
| orized for Local Reproduction | | | | ^F Standard Form 424 (Prescribed by OMB C | |

| APPLICATION FEDERAL A | | O CEIVE | Jay 17, 2002 | Applicant Identifier Region IX | | |
|---|---|--|---|--|--|--|
| 1. TYPE OF SUBMISSION JUL 2 2 2002 | | | DATE RECEIVED BY STATE | State Application Identifier | | |
| Application | | Preapplication | | | | |
| ☐ Construction ■ Non-Construction | | LS FATE CLEARING HOU | SE DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier | | |
| 5. APPLICANT INFOR | MATION | | | | | |
| Legal Name: City of We | est Hollywood | | Organizational Unit:: Rent Stabilization & Housing Department | | | |
| Address (give city, count 8300 Santa Monica Blvd West Hollywood, CA 900 | • | | Name and telephone number of the person to be contacted on matters involving this application (give area code) Allyne Winderman (323) 848-6524 | | | |
| 6. EMPLOYER IDENT 95-394 | | | 7. TYPE OF APPLICANT: (enter appropriate letter here) C A. State H. Independent School District | | | |
| 8. TYPE OF APPLICATION: New Continuation Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration Other Specify: | | | B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): | | | |
| - | | | 9. NAME OF FEDERAL AGENCY: Environmental Protection Agency | | | |
| 10. CATALOG OF FEI | | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: | | | |
| | ANCE NUMBER: <u>66</u> . <u>§</u> wnfields Cooperative Agi | | Brownfields Project Area Grant | | | |
| 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): City of West Hollywood | | | | | | |
| 13. PROPOSED PROJE | CT: | 14. CONGRESSIONAL DISTRICT OF: Representative Henry Waxman, 29th District | | | | |
| Start Date October 1, 2002 | End Date September 30, 2002 | a. Applicant: City of West Hollywood | | b. Project East Side Brownfields Project | | |
| 15. Estimated Funding: | | | 16. IS APPLICATION SUBJECT TO REVIE | EW BY STATE EXECUTIVE ORDER | | |
| a. Federal | | \$ 200,000.00 | 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE | | | |
| b. Applicant | | \$ | | | | |
| c. State | | \$ | | | | |
| d. Local | | s | b. NO. □ PROGRAM IS NOT COVERED BY | F O 12372 | | |
| e. Other \$ | | OR PROGRAM HAS NOT BEEN SE | | | | |
| f. Program Income \$ | | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? | | | | |
| g. TOTAL \$ 200,000.00 | | ☐ Yes If "Yes" attach an explanation. | | | | |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF. ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | | | | | | |
| a. Typed Name of Authorized Representative: Paul Arevalo | | b. Title: City Manager | c. Telephone Number (323) 484-6427 | | | |
| d. Signature of Authorized Representative | | | | e. Date Signed July 17, 2002 | | |
| Previous Editions Not Esable | | <u></u> | • | Standard Form 424A (REV 4-88) Prescribed by OMB Circular A-102 | | |

| APPLICATIO | | | 2. DATE SUE | BMITTED | | Applicant Identifie | r N/A | |
|---|--|--|---|---------------------------|---|---|--|----------------------------------|
| FEDERAL A | SSISTANCE | | May 8. | | | | | |
| 1. TYPE OF SUBM | | nlication | 3. DATE REC | CEIVED BY 5 | TATE | State Applicant Id | | |
| Application | ` | plication | | | | , | | GELVEIN |
| Construction | | nstruction | 4, DATEREC | CEIVED BY FI | EDERAL AGENCY | Federal Identifier | | |
| Non-Construct Non | | n-Construction | | | | | n | |
| 5. APPLICANT INFO | | | | т | | | ╁ <u>┧</u> ┟┧ | UL 2 2 2002 L |
| | ia Police Departm | | | | Organizational Unit: | | | |
| Address (give city, c | ounty, state, and zip | code): | | | Name and telephone application <i>(give ar</i> e | e number of person to ea code) | obe contacted o | CLEARING HOUS |
| | Huntington Driv | e | | | Name: Richard S | Sandona | SIAIE | JLLAIMING HOUS |
| Arcadia, (| CA 91007 | | | | Phone: 62657451 | 179 | | |
| 6 EMPLOYER IDE | NTIFICATION NUME | SER (EIN): | ···· | | 7. TYPE OF APPLI | CANT: (enter appro | priate letter in | box) C |
| o, EMI COTERTOL | 956000667 | 2017 (2017) | | | A. State | | · ndent School Dis | 1_27 |
| |)50000001 | | | | B. County | , | | ution of Higher Learning |
| 8. TYPE OF APPLI | CATION: | | | | C. Municipal | | e University | |
| | 5 | | ☐ Revisio | | D. Township E. Interstate | K, Indian L, Individ | | |
| | ⊠ New | ☐ Continuation | □ KeAleir | UII | F. Intermunicip | | Organization | |
| If Revision, enter ap | propriate letter(s) in h | oox(es): | | | G. Special Distr | rict N. Other (| (Specify) | |
| A, Increase Awar | d B. Decre | ase Award C. | Increase Dura | _ | | | | |
| D. Decrease Dun | ation Other <i>(s)</i> | pecify): | | | 9. NAME OF FEDE | | out of Touties | |
| | | | | | Off. | Departme e of Community (| ent of Justice | rina Carnicae |
| | | | | | Offic | e of Community (| niemeu i om | mig Services |
| 10. CATALOG OF | FEDERAL DOMEST | IC ASSISTANCE N | NUMBER: | | 11. DESCRIPTIVE | TITLE OF APPLICA | NT'S PROJECT | 7 |
| | | 1 6 | 7 1 | 0 | 37 77 - | and Communic | ontions N | io traoxia |
| TITI = 2002 To | chnology Initiative | • L | | | | and Communic Astructure | Callons N | ELWOLK |
| | D BY PROJECT (cities | | to.): | | and Intre | aberactare | | |
| | | | * | | | | | |
| | rcadia, Cal | ., | | DIGTO 05. | | | | |
| 13. PROPOSED PI | | 14. CONGRESS | SIUNAL DISTI | RIC IS OF: | b. Project | | | |
| Start Date | Ending Date | a. Applicant | | | b. 1 Tojoot | | | |
| 10/01/2001 | 9/30/2002 | 28th Dr | eier | | 28th | Dreier | | • |
| 16. ESTIMATED F | UNDING: | | | | | | TO REVIEW BY | STATE EXECUTIVE |
| a. Federal | \$ | | 90 | 00000.00 | ORDER 1 | 2372 PROCESS? | | |
| | | | | | a. YES. Ti | HIS PREAPPLICATION | ON/APPLICATIO | ON WAS MADE |
| b. Applicant | \$ | | | .00. | | VAILABLE TO THES | | IVE ORDER 12372 |
| | | | *************************************** | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| c. State | \$ | | | .00. | | DATE | | |
| d. Local | \$ | | | .00. | | | | DV = 0. 40070 |
| | | | | | b, NO. [| PROGRAM IS N | | |
| e. Other | \$ | | | .00 | | OR PROGRAM | HAS NOT BEEN | N SELECTED BY STATE |
| f, Program Income | \$ | V | | .00 | | | | |
| | • | | | | 17. IS THE A | PPLICANT DELINQ | UENT ON ANY | FEDERAL DEBT? |
| g. TOTAL | \$ | ······································ | | .00 | ☐ Yes | If "Yes," attach a | n explanation. | A No |
| | | | | | | | | (A D CHAMPET WITH AN WITHOUT WAY |
| 18. TO THE BEST OF BY THE GOVERNING | MY KNOWLEDGE AND BODY OF THE APPLIC | D BELIEF, ALL DATA ANT AND THE APPL | IN THIS APPLIC | CATION/PRE/ DMPLY WITH | APPLICATION ARE TE THE ATTACHED ASS | RUE AND CORRECT. T SURANCES IF THE ASS | ISTANCE IS AWAI | |
| 4 | Authorized Represen | lative | - management of | b. Title | hief of Pol | lice | ALL PRIVATE ALL PR | c. Telephone number 626-574-5178 |
| David Hi | .1118 horized Representați | ve | <u>_</u> | U. | LLUCE OF TO | | | e. Date Signed |
| | | | | | | | | |
| 1 (Ca | ville home | | | | | | | May 8, 2002 |
| Previous Politions Usable | | Authorized for Loca | al Reproduction | | Standard Form 42 | 24 (REV. 4-92) | | Prescribed by OMB Circular A-10 |

ONB Approval No. 0348-0043

OMB Approval No. 0348-0043

APPLICATION FOR Applicant Identifier 2. DATE SUBMITTED FEDERAL ASSISTANCE May 22, 2002 3. DATE RECEIVED BY STAUBUL State Application Identifier 1-TYPE OF SUBMISSION: Preapplication olication Federal Identifier 4. DATE RECEIVED BY FEDERAL AGENCY Construction ✓ Construction Non-Construction Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: Čabrillo Economic Development Corporation Name and telephone number of person to be contacted on maners involving Address (give city, county, State, and zip code): this application (give area code) 11011 Azahar Street, Ventura County. Saticoy, California Jesse R. Ornelas, 805/659-3791, x 14 7: TYPE OF APPLICANT: (enter appropriate letter in box) 6. EMPLOYER IDENTIFICATION NUMBER (EIN): N 9 5 - 3 6 8 1 5 2 1 H. Independent School Dist. A State 1. State Controlled Institution of Higher Learning B. County 8. TYPE OF APPLICATION: J. Private University C. Municipal Revision Continuation New D Township K. Indian Tribe I. Individual EInterstate If Revision, enter appropriate letter(s) in box(es) M. Profit Organization Intermunicipal N. Other (Specify) Non-profit Corp. G Special District C. Increase Duration B. Decrease Award A. Increase Award D. Decrease Ouration Other(specify): 9 NAME OF FEDERAL AGENCY: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Santa Paula Farm worker, 24 units family rental in Santa 1 0 4 1 5 Paula, California TITLE: Rural Rental Housing Loan REAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Santa Paula, County of Ventura, State of California 13. PROPOSED PROJECT 14, CONGRESSIONAL DISTRICTS OF: b! Project Endino Date a. Applicant Start Date 23 8/3/03 10/2/02 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 15. ESTIMATED FUNDING: ORDER 12372 PROCESS? a Foderal 5 YES. THIS PREAPPLICATION/APPLICATION WAS MADE 600,000 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 5 b. Applicant PROCESS FOR REVIEW ON: \$ c. State 750,000 DAITE s d. Local 381,000 PROGRAM IS NOT COVERED BY E. Q. 12372 b No. OR PROGRAM HAS NOT BEEN SELECTED BY STATE S e. Other 3,562,957 FOR REVIEW \$ Program Incomé 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? ☐ No Yes If "Yes," attach an explanation. a. TOTAL 5,293,957 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. c. Telephone Number a, Type Name of Authorized Representative (805) 659-3791 Senior Project Manager .1~sse R. Ornelas e. Date Signed nature of Authorized Representative U Standard Form 424 (Rev. 7-97) Previous Edition Usable Prescribed by OMB Circular A-102 Authorized for Local Reproduction STATE CLEARING HOUSE

OMB Approval No. 0348-0043

Prescribed by OMB Circular A-102

Authorized for Local Reproduction

| APPLICATION FOR | | | | 1 | | | | |
|---|-----------------------------|-------------------------|-----------|--------------------------|----------------------------|--------------------------|--|---|
| FEDERAL ASSISTAL | NCE | 2. DATE SUBMITTED 05/28 | | | Applicant Ide | | | |
| 1 TYPE OF SUBMISSION: | | 3. DATE RECEIVED BY | | | State Applica | tion Identifier | | |
| Illication Construction | Preapplication Construction | 4. DATE RECEIVED BY | | AGENCY | Federal Ident | litier | | |
| ☐ Non-Construction 5. APPLICANT INFORMATION | Non-Construction | | | | <u> </u> | | ····· | |
| Legal Name: | | <u></u> | Organizat | lonal Unit: | | | | |
| Cabrillo Economic I | larval anment Cara | oration | | | | | | |
| Address (give city, county, State, | | VIG-4X | Name and | ditelephone i | number of pers | son to be con | tacted on ma | atters involving |
| 11011 Azahar Street | | | | atlon (give a | | | | |
| Saticoy, GA 93004 | • | : | | | | | | İ |
| Saciedy, CA 95004 | | | Yisse | l Barajas | s (805) <u>65</u> | <u> 9-3791)</u> | <u>(17</u> | |
| 6. EMPLOYER IDENTIFICATION | N NUMBER (EIN): | | 7. TYPE | OF APPLICA | NT: (enter ap, | propriate lette | ər in box) | |
| 9 5 - 3 6 8 1 | 5 2 1 | | A. State | | H. Independe | | st. | N |
| 8. TYPE OF APPLICATION: | | | B. Cour | ty | I. State Conti | | on of Higher | Learning |
| √ New | Continuation | Revision | C. Muni | ()* | J. Private Un | | | |
| | _ | | D. Towi | 1 3 - 1 | K, Indian Trib | 9 | | |
| if Revision, enter appropriate lett | er(s) in box(es) | | E. nter | 1 : | L. Individual | | | |
| | <u>-</u> | | | nunicipal | M. Profit Org | anization | -nrofit car | rn l |
| | | se Duration | G. Spec | cial District | N. Other (Sp | еспу) <u>по</u> ј | i-brour cor | <u>v. </u> |
| D. Decrease Duration Other | (specify); | • | 9. NAME | OF FEDERA | AL AGENCY: | | | |
| | | | Depart | ment of A | griculture, F | Rural Hous | ing Servic | ;e |
| 10. CATALOG OF FEDERAL D | OMESTIC ASSISTANCE N | NUMBER: | 11. DESC | RIPTIVE TI | TLE OF APPL | ICANT'S PR | OJECT: | |
| CAPALOG OF CERTAL D | | [| 3 E | 1 ! | unit housiդ | | | xnard. |
| | | 1 0 — 4 1 5 | Califor | | | | | |
| TITLE: Rural Renta | Housing Loan | : | Camon | | 1 | n <u>E</u> - | | V E L |
| 12. AREAS AFFECTED BY PRO | DJECT (Cities, Counties, S | tales, etc.): | | | į | 1 | | |
| City of Oxnard, County of | | | | | | | UL 22 | 2002 4 |
| 13. PROPOSED PROJECT | 14. CONGRESSIONAL D | DISTRICTS OF: | | | | | | |
| Start Date Ending Date 10/03 10/04 | a. Applicant 23 | | b. Projec | 23 | | | ······································ | NG HOUS |
| 15. ESTIMATED FUNDING: | | | 1 1 | PLICATION ER 12372 PI | SUBJECT TO | REVIEW B | Y STATE E) | CECUTIVE |
| a. Federal | Ts | qa : | 1 | | | | | |
| a. Federal | | 1,100,000 | a.YES | THIS PRE | APPLICATION | I/APPLICATI | ON WAS MA | 4DE |
| b. Applicant | \$ | CG : | | | E TO THE ST. FOR REVIEW | | (IVE ORDEF | 1 12372 |
| c. State | \$ | 900,000 | | DATE | | | | |
| d. Local | 5 | 300,000 | b. No | | AM IS NOT CO | | | |
| e. Other | \$ | 9,704,883 | | OR PRO | GRAM HAS N VIEW | OT BEEN SE | SLECTED BY | Y STATE |
| 1. Program Income | \$ | ρο | 17. IS TH | E APPLICA | NT DELINGU | ENT ON AN | Y FEDERAL | DEBT? |
| g. TOTAL | | 2,004,883 | : | 1 | attach an exp | | | ☑ No |
| 18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY CHED ASSURANCES IF | AUTHORIZED BY THE G | OVERNING BODY OF TH | ATION/PI | EAPPLICA ANT AND T | TION ARE TR | IUE AND CO NT WILL CO | RRECT, TH MPLY WITH | E I THE |
| Name of Authorized Re | | b, Tille | | 1 | c. Telephone | a Number | | |
| _ | hiazaiiiziiAA | Housing Deve | Ormeri | h Dir | 1 ' |) 659 – 37 | /91 | |
| d. Signature of Authorized Rept | econtative | : □ Dogeth¥ DeAe | -Chineti | | e Date Slon | ed | | |
| d. Signature of Authorized Hapi | | | | | 5 | 13-02 | <u></u> | |
| Previous Edition Usable | | : | | | | itandard Forn | | 7-97) |

OMB Approval No. 0348-0043 **APPLICATION FOR** Applicant Identifier 2. DATE SUBMITTED FEDERAL ASSISTANCE May 28, 2002 State Application Identifier 3. DATE RECEIVED BY STATE 1. TYPE OF SUBMISSION: <u>Ap</u>plication Preapplication 4. DATE RECEIVED BY FEDERALIAGENCY | Federal Identifier ✓ Construction Construction Non-Construction Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: Migrant Housing County of Colusa Name and elephone number of person to be contacted on matters involving Address (give city, county, State, and zip code): this application (give area code) 100 Sunrise blvd., Suite F Colusa, CA 95932 Harry A. Krug, 530-458-0580 7. TYPE OF APPLICANT: (anter appropriate letter in box) 6. EMPLOYER IDENTIFICATION NUMBER (EIN): В 9 3 -6 0 0 0 5 0 8 H. Independent School Dist. A. State 1. State Controlled Institution of Higher Learning B. County B. TYPE OF APPLICATION: J. Private University C. Municipal Revision Continuation New K. Indian Tribe D. Township L. Individual If Revision, enter appropriate letter(s) in box(es) E. Interstate M. Profit Organization F. Internunicipal N. Other (Specify) G. Special District C. Increase Duration A. increase Award B. Decrease Award D. Decrease Duration Other(specify): 9, NAME OF FEDERAL AGENCY: U.S.D.A. Rural Development 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10, CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 4 0 5 Williams Agricultural Farm Labor Housing 12. AREAS AFFECTED BY PROJECT (Cities, Countles, States, etc.); City of Williams, County of Colusa, California 14. CONGRESSIONAL DISTRICTS OF: 13. PROPOSED PROJECT b. Project a. Applicant Start Date Ending Date 3 12/31/03 1/1/03 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 15. ESTIMATED FUNDING: DRDER 12372 PROCESS? a. Federal \$ 3,000,000 B. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 b. Applicant \$ 5,000 PROCESS FOR REVIEW ON: 5 c. State 2,000,000 DATE __ d. Local \$ 400,000 b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE e. Other \$ FOR REVIEW 80 \$ f, Program Income 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? \$ g, TOTAL Yes," attach an explanation. **₩** No 5,405,000 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. Jelephone Number a. Type Name of Authorized Representative 530) 458-0580 Director of Migrant Housing Harry A. Krugo Date Si d, Signay Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102 Authorized for Local Repro

STATE CLEARING HOUSE

| | ^* PED | TD 4 * | 2. D | ATE SUBMITT | ED - | Applicant Identifier |
|--|-----------------------------------|--------------------------|------------|------------------------------|--|---|
| APPLICATION F | OR FED | ERAL | 1 | May 15, 200 | | |
| ASSISTANCE | | | İ | | | State Application Identifier |
| TYPE OF SUBMISSION Application | Pn | eapplication | | ATÉ RECEIVE | | State Application (definition |
| | | Construction | 4. D | ATE RECEIVE | DRY FEDERAL AGENCY | Federal Identifier |
| Construction Non-Construction | É | Non-Construction | | ; | | |
| 5. APPLICANT INFORMATION | | | | | | |
| Legal Name: State of Califo | mia | | | anizadonal Unic | | |
| Department of I | Tousing and | Community Development | Off | fice of Migr | ant Services | |
| Address (give city, county, state, a | | | Nan | ne and telephone | number of the person to be contacte | d on matters involving this application |
| P.O. Box 952054 | | | | o arca code) n Crawlord | (916) 327-3943 | ! |
| Sacramento, CA 94252- | 2054 | | 110 | | | |
| 6. EMPLOYER IDENTIFICATION | | | 7. | | ICANT: (concr appropriate letter ho | re) <u>A</u> |
| <u>94</u> - <u>6001347</u> | | | | A. Stat B. Cou | H. Independent So inty I. State Controlled | hool District Institution of Higher Learning |
| R. TYPE OF APPLICATION: | | | | C. Mur D. Tov | | ity |
| ☑ Now □ | Continuation | Revision | | E. Inc | state L. Individual | nutan |
| If Revision, onter appropriate lette A. Increase Award | r(s) in box(cs): i B, Decrease | | | G. Spec | municipal M. Profit Organiz al District N. Other (Specify |): |
| C. Increase Duration Other (specify): | D. Decrease | Duration | | • | \$ \$ \$ | |
| Other Japensy). | | | NA. | ME OF HEIDER | AL AGENCY: | • |
| | | | υ. | S.D.A. Ruj | al Development | |
| 10. CATALOG OF FEDERAL | | | [~~. | | TITLE OF APPLICANT'S PROJE | |
| DOMESTIC ASSISTANCE | NUMBER: 1 | 0 - 405 | Re | place 88 un | its of migrant labor hous | ing, 2 manager's units, |
| TITLE: FmHA 514/516 | Farm Laboi | Housing | off | fice/mainten | ance building, child care | Merced County |
| | | | | numg, roca | ied in the city of Frankow, | THOUSE OF THE PARTY |
| 12. AREAS APPECTED BY PR | | | | | | |
| City of Planada, Merce | County, C | California | | | 1 <u>1 </u> | |
| 13. PROPOSED PROJECT: | | | 14. | CONGRESSIO | NAL DISTRICT OF: | |
| Start Date E | nd Date a | Applicant: | | • | | b. Project |
| 7/1/04 5/ | 1/05 1 | 8 | | | 5 8 6 | 18 |
| 15. Estimated Funding: | | | 16. | | INCATION SUBJECT TO REVIEW PROCESS? | BY STATE EXECUTIVE ORDER |
| a, federal | | \$ 3,000,000.00 | g. | YES. TO TH | THIS PREAPPLICATION/APPLIC | ATION WAS MADE AVAILABLE 2372 PROCESSES FOR REVIEW ON: |
| b. Applicant | | \$ | | DATI: | | |
| c. State | | \$ 4,100,000.00 | Ъ. | NO. | | |
| d. Local | | \$ 50,000.00 | | Rq 🔀 | OGRAM IS NOT COVERED BY E | S.O. 12372 |
| c. Other- | | \$ | | : | 1 X | LECTED BY STATE FOR REVIEW |
| f. Program Income Rental | Subsidy | \$ 11,731,392.99 | 17. | . IS THE APPL | CANT DELINQUENT ON ANY F | |
| B | rate Subsidy | \$ 18,881,392.99 | | | es If "Yes" attach an explanation. | ⊠ No |
| 18. TO THE BEST OF M HAS BEEN DULY A ASSURANCES IF T | UTHORIZED | BY THE GOVERNING BODY OF | THE A | PPLICATION/F PPLICANT AND | REAPPLICATION ARE TRUE AN THE APPLICANT WILL COMP | ID CORRECT, THE DOCUMENT Y WITH THE ATTACHED |
| a. Typed Name of Authorized Re William J. Pavão | epresentative | | b . | Title Deputy Di | rector | c. Telephone Number (916) 322-1560 |
| d. Signature of Authorized Repre | esentative | | | EGE | | c. Date Signed |
| 1 | | | 1Ur | | 1 | May 15, 2002 |
| 1 M | <u> </u> | | | - 111 6- | \$ 0000 | Standard Form 424A (REV 4-92) |
| Previous Editions Not Unifile AUTHORIZED FOR LOCAL RE | PRODUCTION | ٧ | | JUL Z | | Prescribed by OMB Circular A-102 |
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| | | | STA" | TE CI FA | RING HOUSE | |

| 7/22/2002 MON 16: | 00 FAX 5307925837 | RURAL | DEVELOPMENT | CALIF | Ø 03: |
|--|---------------------------------------|---|---|--|--------------------|
| | | | | , | NI. 0248 0043 |
| | 11 | | *** | OMB Approval | No. 0348-0043 |
| APPLICATION FOR | ANCE | 2. DATE SUBMITTED May 28, 20 | 002 | Applicant Identifier | |
| STATE CLE | A hot like a body in the bar i | 3. DATE RECEIVED BY | | State Application Identifier | |
| Application Construction | 1 Last 1 | 4 DATE RECEIVED BY | FEDERAL AGENC | Federal Identifier | |
| Non-Construction 5. APPLICANT INFORMATION | Non-Construction | | Organizational Unit | | |
| Legal Name: | to Versing Corner | ation | 1 * | | natters involving |
| Address (give city, county, St | nty Housing Corporate, and zip code): | | Name and telephon this application (give | e number of person to be contacted an a earea code) | |
| 7455 Carme Gilroy, CA | l Street A 95020 | | Andy L | | |
| 6. EMPLOYER IDENTIFICA | | | 7. TYPE OF APPL | CANT: (enter appropriate letter in box) | N I |
| 94 -259 | 0 5 7 2 | | A. State | H. Independent School Dist. I. State Controlled Institution of High | |
| 8, TYPE OF APPLICATION: | | | B. County C. Municipal | J. Private University | 1 |
| | New Continuation | ☐ Revision | D. Township | K. Indian Tribe | |
| | · | | E. Interstate | L Individual | |
| If Revision, enter appropriate | | | F Intermunicipal | · · · · · · · · · · · · · · · · · · · | t |
| A Increese Award B. | Decrease Award C, Increas | se Duration | G. Special Distri | N. Odler (Opcory) | |
| D. Decrease Duration Of | ther(specify): | | 9. NAME OF FED | | |
| | | | | ıral Development | |
| | A COLORATION A COLOTANICE N | MBER: | 11. DESCRIPTIVI | TITLE OF APPLICANT'S PROJECT: | |
| 10. CATALOG OF FEDERA | AL DOMESTIC ASSISTANCE N | | Boronda | Sardens | |
| ·- | | | 15 milti | Eamily units | |
| A TITLE: | | States atali | - | - | |
| | y PROJECT (Cities, Counties, S | | | • | |
| Salinas, Mont | terey County, Cali | form1a | | | |
| 13. PROPOSED PROJECT | T 14. CONGRESSIONAL I | DISTRICTS OF: | | | |
| Start Date Ending D | | | b. Project | 17th | |
| 9/15/02 1/31/9 | | | 16. IS APPLICA | TION SUBJECT TO REVIEW BY STATE | EXECUTIVE |
| 15. ESTIMATED FUNDING | G: | 00 | ORDER 123 | 72 PROCESS? | |
| a. Federal | \$ 3,099,122 | - | a. YES. THIS | PREAPPLICATION/APPLICATION WAS ABLE TO THE STATE EXECUTIVE OR | MADE DER 12372 |
| b. Applicant | \$ 67,430 | | PRO | CESS FOR REVIEW ON: | |
| c. State | \$ 0 | . <u> </u> | DATE | | |
| d. Local | \$ 44,900 | | b. No. 🗷 PR | OGRAM IS NOT COVERED BY E. O. 12 PROGRAM HAS NOT BEEN SELECTE | 2372 O BY STATE |
| e. Other | \$ 227,500 | 06 | □ OR FO | PROGRAM HAS NOT BEEN SELECTION R REVIEW | |
| f. Program Income | \$ 0 | @ D | 17. IS THE APP | LICANT DELINQUENT ON ANY FEDE | RAL DEBT? |
| g. TOTAL | \$ 3,438,952 | 0 | ☐ Yes If" | Yes," attach an explanation. | X No |
| 18. TO THE BEST OF M | Y KNOWLEDGE AND BELIEF, | , ALL DATA IN THIS APP GOVERNING BODY OF | THE APPLICANT | PLICATION ARE TRUE AND CORRECT AND THE APPLICANT WILL COMPLY | , THE WITH THE |
| ATTACHED ASSURAN | ICES IF THE ASSISTANCE IS | ANIAILE | | c. Telephone Number | |
| a Type Name of Authori | zed Representative | | e Director | c. Telephone Number 408-842-9181 | |
| Dennis La | alor | | | e. Date Signed May 24, 2002 | |
| d. Signature of outherize | ad Ivehicolar | | | Standard Form 424 (| Rev. 7-97) |
| Previous Edition Usable | | | • 6 | Prescribed by OMB (| Circular A-102 |
| Authorized for Local Fe | production | | 1: 1: | • | |

| APPLICATION FOR | in the second | | |] *. - | OMB Approval No. 0348-0043 |
|--|-----------------------------|---------------------------------------|---|---|--|
| | NCE | 2 DATE SUBMITTED | | : ; | Applicant Identifier |
| FEDERAL ASSISTA | YUE | 5/28/02 | | | |
| 1. TYPE OF SUBMISSION: | | 3. DATE RECEIVED B | YSTATE | | State Application Identifier |
| Application | Preapplication | | <u> </u> | | Faderal Identifier |
| Construction | Construction | 4. DATE RECEIVED B | YFEDERAL | AGENCI | Ladetat idetimet |
| Non-Construction | Non-Construction | | | | |
| S. APPLICANT INFORMATION | | | Organizali | onal Unit: | |
| Legal Name: Self-Help Enter | nrises | | None | <u> </u> | |
| Address (give city, county, State | and zip code): | | | | number of person to be contacted on matters involving |
| 9445 W Flowin C | Court | | this applica | ation (give i | area code) |
| 8445 W. Elowin C P.O. Box 6520 | | | מיים | Dinas | 1 (559) 651-1000, Ext. 651 |
| Visalia, CA 9329 | U SAMAGER (EDA) | | Z TYPE C | FAPPLIC | ANT: (enter appropriate letter in box) |
| 6. EMPLOYER IDENTIFICATIO | | | | | N |
| 94-1592 | | , | A. State | 3.4 | H. Independent School Dist. I. State Controlled Institution of Higher Learning |
| B. TYPE OF APPLICATION: | | | B. Coun | F . | J. Private University |
| Y Ne | w Continuation | Revision | C. Munic D. Town | | K. Indian Tribe |
| 717 | | 7 (7) | E Inters | | L. Individual |
| if Revision, enter appropriate le | ter(s) in pox(es) | | | nunicipal | M. Profit Organization |
| A. Increase Award B. De | crease Award C. Increa | se Duration | G. Spec | ial District | N. Other (Specify) Nonprofit |
| M. HIBTOGOO VIII | (specify): | | | | |
| LE. W = 4 · · | • | : | 9. NAME | OF FEDER | AL AGENCY: |
| | | | | | · · · · · · · · · · · · · · · · · · · |
| | | | USD. | A. Rur | al Housing Serivce httle of applicant's project: |
| 10. CATALOG OF FEDERAL | DOMESTIC ASSISTANCE | | | 9.5 | |
| Section | on 514 | 10-405 | | tructi | on of a 48-unit multi-family |
| mere. Easan tal | bor Housing Loan | Program | hous | ina com | mplex, community center and |
| 12. AREAS AFFECTED BY PE | COJECT (Cities, Countles, S | States, etc.): | recr | eation | al facilities. |
| | | : | 100 | 11 | |
| Community of Del | Rey, County of | Fresno | | # <u></u> | The state of the s |
| 13. PROPOSED PROJECT | 14. CONGRESSIONAL | DISTRICTS OF: | | 4 4 2 4 | |
| | | | b. Projec | <u> </u> | |
| Start Date | a. Applicant | 1 | | 44 | 20 |
| 3/2003 11/2003 | | · · · · · · · · · · · · · · · · · · · | 16. IS A | PLICATIO | N SUBJECT TO REVIEW BY STATE EXECUTIVE |
| 15. ESTIMATED TOTAL | | | ORD | ER 12372 | PROCESS? |
| a. Federal | \$ | 30 | | 1 | EAPPLICATION/APPLICATION WAS MADE |
| USDA - RD | | 000,000 | a. 165 | AVALAB | LE TO THE STATE EXECUTIVE ORDER 12372 |
| 5. Applicant | \$ | | | PROCES | S FOR REVIEW ON: |
| | 5 | de : | | | |
| c. State County HOME Fund | | 700,000 | | DATE _ | <u>5/28/02</u> |
| d. Local | s | 50 | | 11 | |
| | | | b. No. | ∏ PROG | RAM IS NOT COVERED BY E. O. 12372 OGRAM HAS NOT BEEN SELECTED BY STATE |
| e. Other | 5 | 500,000 | | | EVIEW |
| HCD_FWHG | | 500,000 | | # # | |
| f, Program Income | 5 | | 17. IS T | HE APPLIC | CANT DELINQUENT ON ANY FEDERAL DEBT? |
| g. TOTAL | İs | _ Od _ | | S 40 | s," anach an explanation. |
| | | 200,000 | § [1.0] | 3 1 | |
| 18. TO THE BEST OF MY K | NOWLEDGE AND BELIEF, | ALL DATA IN THIS APP | PLICATION/F | REAPPLIC | CATION ARE TRUE AND CORRECT, THE |
| DOCUMENT HAS BEEN DU | ILY AUTHORIZED BY THE | GOVERNING BODY OF | INC APPL | GART AND | THE APPLICANT WILL COMPLY WITH THE |
| ATTACHED ASSURANCES a, Type Name of Authorized I | OF THE ASSISTANCE IS A | D, Title | | # | c. Telephone Number |
| Peter N. Carey | керт шампи м ич п | Secretar | y [4] | <u> 14. </u> | (559) 651-1000 |
| d. Signature of Authorized R | presentative | | | | e Date Signed 5 - 23 - 2002 |
| | | | NE | | Standard Form 424 (Rev. 7-97) |
| Previous Editor Usable | / | \ \ \ | | | Prescribed by OMS Circular A-102 |
| Authorized for Local Reprodu | lation | [n]] [[n] | | | · · · · · · · · · · · · · · · · · · · |
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| | 1 | STATE CLEARI | NG HOL | JSE | |
| | 1 | | r 11 - 1 - 1 - 1 | 9 9 | |

OMB Approval No. 0348-0043

| APPLICATION FOR | | | | <u> </u> | A 1.1 | |
|--|------------------------------|--|-----------------------|--|--|------------------------|
| FEDERAL ASSISTAN | 1CE | 2. DATE SUBMITTED May: 23 | F G 13 19 | | Applicant identifier | |
| TYPE OF SUBMISSION: | | 3. DATE RECEIVED B | STATE | ന നേഹ | State Application Identifier | |
| Application Construction | Prespolication Construction | 4. DATE RECEIVED BY | FEDERAL | AGENCY | Federal Identificr | |
| Non-Construction | Non-Construction | | | <u> </u> | | |
| 5. APPLICANT INFORMATION Legal Name: | ··· | | Organizați | | | |
| Housing Authority of | the County of Kerr | ì : : | | | | |
| Address (give city, county, State, | | | | | umber of person to be contacte | d on matters involving |
| 525 Roberts Lane | 4 0 0 00000 | | this application Rand | tion (give are Coats (| sa coge) 661)335-0528 ext. 2 | 238 |
| Bakersfield, Kern Cou | inty, CA 93308 | · restriction | | (| | |
| 6. EMPLOYER IDENTIFICATION 9 5 - 6 0 0 1 | * | · 1 · 1 · 1 · 1 | | | NT: (enter appropriate letter in t | N |
| | | . 1. | A. State B. Count | | H. Independent School Dist. I. State Controlled Institution of | Hioher Learning |
| 8. TYPE OF APPLICATION: | Continuation | Revision | G. Munic | D. | J. Private University | |
| New | | | D. Town | 11 | K. Indian Tribe | |
| If Revision, enter appropriate lette | er(s) in box(es) | | E Inters | 197 | L, Individual M. Profit Organization | |
| A. Increase Award B. Dec | rease Award C. Increase | Duration | F. Intern G. Speci | al District | N. Other (Specify) Public I | lousing |
| | specify); | : - | | 1 | | |
| | | | 9. NAME | F FEDERA | L AGENCY: | |
| | | | United | States De | partment of Agriculture | |
| 10. CATALOG OF FEDERAL DO | OMESTIC ASSISTANCE N | JMBER: | 11 DESC | RIPTIVE TIT | LE OF APPLICANT'S PROJE | CT: |
| | | 1 0 4 0 5 | | | ing for Phase II of Ruber | ı J. Blunt Village |
| TITLE: | | | in Lamo | nt, CA | | |
| . AREAS AFFECTED BY PRO | DJECT (Cities, Counties, Sta | rtes, atc.): | | The second | | |
| Lamont, Kern County, Ca | | | | U C C C C C C C C C C C C C C C C C C C | | |
| 13. PROPOSED PROJECT | 14. CONGRESSIONAL DI | STRICTS OF: | Ť. | | | |
| Start Date Ending Date | a. Applicant 20th an | d 21st | b. Project | | 20th | |
| 15. ESTIMATED FUNDING: | \$3,521,564 | | K46 1 1 13 | LICATION R 12372 FR | SUBJECT TO REVIEW BY ST OCESS? | ATE EXECUTIVE |
| a. Federal | \$ 1,550,000 | ,00 | a YES | THIS PREA | PPLICATION/APPLICATION V | VAS MADE |
| b. Applicant | \$ | - a | | | TO THE STATE EXECUTIVE FOR REVIEW ON: | ORDER 12372 |
| c. State | \$ 243,000 | ub : | | | | |
| d. Local | \$ 850,000 | .00 | | DATE | • | |
| e. Other | \$ 878,564 | <u>: </u> | | OR PROG | M IS NOT COVERED BY E. O BRAM HAS NOT BEEN SELEC | |
| f. Program Income | \$ | ,00 | | FOR REV | | |
| g. TOTAL | \$ | | | | IT DELINQUENT ON ANY FE | DERAL DEBT? |
| 18. TO THE BEST OF MY KNO | 3,521,564 | O | | | ettach an explanation. | |
| DOCUMENT HAS BEEN DULY | AUTHORIZED BY THE GO | OVERNING BODY OF T | HE APPLIC | NT AND TH | HE APPLICANT WILL COMPL | Y WITH THE |
| a. Type Name of Authorized Rep | | b. Title | | 10 00 0 | c. Telephone Number | |
| "Villiam L. Carter | | Executive Directo | FGE | | (661) 393-2150 | |
| Signature of Authorized Sepre | esentative / | | | | e. Date Signed | |
| 1//Mellon | -/ X (M/1) | | Rije 1 di | II 2002 | Standard Form 424 | (Rev. 7-97) |
| Previous Edition Usable Authorized for Local Reproduction | | | | K 2002 | Prescribed by OMB | |
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| | | 1014/1 | bless | CITE OF LI | m m | |

| ADDI IOATION E | | | | |
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| APPLICATION F | 11 1 | en de la companya de | | OMB Approval No. 0348-0043 |
| FEDERAL ASSIS | | z <u>z 2002 - 11 4 1 1 - </u> | 2. DATE SUBMITTED | Applicant Identifier |
| TYPE OF SUBMISSION: | | - lan basis St. land | July 12, 2002 | |
| Application [| Pre-application | | 3. DATE RECEIVED BY STATE | State Application Identifier |
| Construction | HECONSTITUTE! | ARING HOUSE | | |
| <u> </u> | | MMATIOOF | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier F-6-C |
| X Non-Construction | Non-Construction | | | [F-0-U |
| 5. APPLICANT INFORMATI | STATE OF CAL | IEODNIA | Organizational Unit: | |
| Legal Name: Address (give city, county, st | | ITORNIA | Department of Fish and | ł Game |
| · · · · · · · · · · · · · · · · · · · | Game - Fisheries Pr | ograms Branch | Name and telephone number of the person to be | |
| 1812 Ninth Stree | | ograms branen | application (give area code): | CONTROCCO ON THISTIERS INVOIVEIG INIO |
| Sacramento, CA | | | Carolyn Murata (9' | 16) 445-3559 |
| 6. EMPLOYER IDENTIFICA | | | 7. TYPE OF APPLICANT: (enter appropriate let | |
| | 94-1697567 | | A. State | H. Independent School Dist. |
| 8. TYPE OF APPLICATION: | | | B. County | I. State Controlled Instruction |
| New | X Continuation | Revision | C. Municipal | of Higher Learning |
| If Revision, enter appropriate | | . · · | D. Township | J. Private University |
| | | | E. Interstate | L. Individual |
| A. Increase Award | B. Decrease Award | <u> </u> | F. Intermunicipal | M. Profit Organization |
| C. Increase Duration | D. Decrease Duration | | G. Special District | N. Other (Specify) |
| E. Other (specify): | | | | |
| 10. CATALOG OF FEDERA | L DOMESTIC ASSISTANCE | NUMBER: | 9. NAME OF FEDERAL AGENCY: | |
| 15-605 | | | U.S. Department of the | Interior |
| TITLE: | Sport Fish Rest | oration Act | U.S. Fish and Wildlife | Service |
| 12. / AREAS AFFECTED BY | PROJECT (cities, counties | s, states, etc.): | 11. DESCRIPTIVE TITLE OF APPLICANT'S PRO | DJECT: |
| 1 | | | Eigh Managamant Canadina | tion Droinet |
| 1 | | | Fish Management Coordina | tion Project. |
| | Statewide | | Amendment Number 14 exter | - |
| | Statewide | | Amendment Number 14 exter | nds the project for an |
| | Statewide | | Amendment Number 14 exter addt'l 5 years to continue coor | nds the project for an dination & administration |
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| | | 14. CONGRESSIONAL DISTRICT | Amendment Number 14 exter addt'l 5 years to continue coor of CA's Federal Aid in Sport F Program Narrative attached. | nds the project for an dination & administration |
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| 13. PROPOSED PROJECT: Start Date 07/01/2002 | : Ending Date 06/30/2007 | a. Applicant 3 | Amendment Number 14 exter addt'l 5 years to continue coor of CA's Federal Aid in Sport F Program Narrative attached. | nds the project for an edination & administration ish Restoration Program. b. Project |
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Previous Editions Not Usable

| APPLICATION F | | OVE M | | |
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| FEDERAL ASSI | This could 2 | 2 2002 11111 | | OMB Approval No. 0348-0043 |
| 1 2 | STAINCE | 40 LUUL | 2. DATE SUBMITTED | Applicant Identifier |
| TYPE OF SUBMISSION | | | July 17, 2002 | |
| Application X Construction | STATE CLEAF | RING HOUSE | 3. DATE RECEIVED BY STATE | State Application Identifier |
| | | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |
| Non-Construction | Non-Construction | | | F-110-B |
| 5. APPLICANT INFORMATI | ON | | | |
| Legal Name: | STATE OF CALI | FORNIA | Organizational Unit: | |
| Address (give city, county, st | ate and zip code): | | Department of Fish and | l Game |
| Dept. of Fish & 0 | Same - Fisheries Pro | ograms Branch | Name and telephone number of the person to be | contaced on matters involving this |
| 1812 Ninth Stree | et. | | application (give area code): | |
| Sacramento, CA | 95814 | • | Carolyn Murata (91 | 6) 445-3559 |
| 6. EMPLOYER IDENTIFICA | TION NUMBER (EIN): | | 7. TYPE OF APPLICANT; (enter appropriate lette | er: <u>A</u>): |
| | 94-1697567 | | A. State | H. Independent School Dist. |
| 8. TYPE OF APPLICATION: | | | B. County | State Controlled Instruction |
| X New | Continuation | Revision | C. Municipal | of Higher Learning |
| If Revision, enter appropriate | letter(s) in box(es): | | D. Township | J. Private University |
| | | | E. Interstate | L. Individual |
| A. Increase Award | B. Decrease Award | اسب با | F. Intermunicipal | M. Profit Organization |
| C. Increase Duration | D. Decrease Duration | | G. Special District | N. Other (Specify) |
| E. Other (specify): | | | | (1) |
| 10. CATALOG OF FEDERA | I. DOMESTIC ASSISTANCE | NUMBER: | 9. NAME OF FEDERAL AGENCY: | |
| 15-605 | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | U.S. Department of the | Interior |
| | Sport Fish Rest | oration Act | U.S. Fish and Wildlife S | |
| | · · · · · · · · · · · · · · · · · · · | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PRO | |
| 117 JARCAS AFFECTED BY | PRODUCT CHES. COUNTRY | i. Siates. etc.1: | 111. DESCRIPTIVE THE OF APPLICANT'S PRO | DJECT: |
| 12. / AREAS AFFECTED BY | PROJECT (ches, counties | i, states, etc.): | | |
| | | | Motorboat Access Enhance | ment Project for the |
| | Solano Coun | | Motorboat Access Enhancel Suisun City Improvements (Pe | ment Project for the eytonia Slough Ecological |
| | Solano Coun | | Motorboat Access Enhance | ment Project for the eytonia Slough Ecological |
| 13. PROPOSED PROJECT: | Solano Coun | ty] | Motorboat Access Enhance Suisun City Improvements (Pe Reserve). Project Narrative a | ment Project for the eytonia Slough Ecological |
| 13. PROPOSED PROJECT: Start Date | Solano Coun | ty 14. CONGRESSIONAL DISTRICT | Motorboat Access Enhance Suisun City Improvements (Pe Reserve). Project Narrative a | ment Project for the eytonia Slough Ecological ttached. |
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| 13. PROPOSED PROJECT: Start Date 07/ /02 | Solano Coun Ending Date 6/30/2003 | 14. CONGRESSIONAL DISTRICT a. Applicant 3 16. IS APPLICATION | Motorboat Access Enhanced Suisun City Improvements (Per Reserve). Project Narrative at SOF: | b. Project project for the eytonia Slough Ecological ettached. b. Project 7 DRDER 12372 PROCESS? |
| 13. PROPOSED PROJECT: Start Date 07/ /02 15. ESTIMATED FUNDING: a. Federal | Solano Coun Ending Date 6/30/2003 | 14. CONGRESSIONAL DISTRICT a. Applicant 3 16. IS APPLICATION a. YES. THIS PR | Motorboat Access Enhance Suisun City Improvements (Perserve). Project Narrative at Sof: | b. Project 7 DRDER 12372 PROCESS? |
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|---|-------------------------------|--------------------------|---|---------------------------------------|---------------------------------------|
| | | | | L 2 2 2002 | OMB Approval No. 0348-0043 |
| APPLICATION FOR | | 2. DATE SUBMITTED | | Applicant Identifier | |
| FEDERAL ASSISTAN | 1CE | 7/7/2002 | STATE CI | | ICE |
| 1. TYPE OF SUBMISSION: | | 3. DATE RECEIVED BY | | State Application Ident | Torre Line |
| Application | Preapplication | | | | |
| Construction | Construction | 4. DATE RECEIVED BY | FEDERAL AGENCY | Federal Identifier | |
| X Non-Construction 5, APPLICANT INFORMATION | Non-Construction | | | | |
| Legal Name: | | | Organizational Unit: | | |
| Berkeley Youth Alt | ernatives | | Name and telephone | number of person to be | contacted on matters involvin |
| Address (give city, county, State, 1255 Allston Way | | Ca 94702 | this application (give a | | |
| 1233 Aliston way | Atameda County | | Kevin D. W | illiams, JD, 1 | MPH 510-647-0711 |
| 6. EMPLOYER IDENTIFICATION | NUMBER (EIN): | | 7. TYPE OF APPLICA | NT; (enter appropriate | P |
| 94 — 1711 | 7 2 8 | | A. State | H. Independent Schoo | l Dist. |
| 8. TYPE OF APPLICATION: | | | B. County | | itution of Higher Learning |
| RX New | Continuation | Revision | C, Municipal | J. Private University K. Indian Tribe | |
| If Revision, enter appropriate lette | | | D. Township E. Interstate | L. Individual | |
| IN MEANSHOLF OFFICE SPANORING SOME | | | F. Intermunicipal | M. Profit Organization | - C1. |
| , 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | rease Award C. Increase | Duration | G Special District | N. Other (Specify) <u>N</u> | on-Protic |
| O. Decrease Duration Other(s | spacify): | | 9. NAME OF FEDERA | AL AGENCY: | · · · · · · · · · · · · · · · · · · · |
| | | | US Dept. o | f Health and | Human Services |
| 10. CATALOG OF FEDERAL DO | OMESTIC ASSISTANCE N | JMBER: | | TLE OF APPLICANT'S | |
| | | 9 3 - 5 7 1 | | | ives' Culinary |
| rime. Community | Food & Nutriti | on Program | | | will train low- |
| 12. AREAS AFFECTED BY PRO | DJECT (Cities, Counties, Sta | iles, etc.): | income you | th of color h | ow to prepare |
| Berkeley, Albany, Contra Costa Cour | ity: California | | snacks and ilies and | meals for ch feed up to 76 | ildren and fam- 7 people per wee |
| 13. PROPOSED PROJECT | 14. CONGRESSIONAL DI Ninth | | Barbara Le | e | |
| Start Date Ending Date 10/1/02 9/30/03 | a. Applicant | | b. Project Barbara Le | Δ | |
| 10/1/02 9/30/03 15. ESTIMATED FUNDING: | Barbara Lee | | | | V BY STATE EXECUTIVE |
| | | | ORDER 12372 PF | ROCESS? | • |
| a, Federal | \$ 50,000 | . 540 | - YES THIS DOE | APPLICATION/APPLICA | ATION WAS MADE |
| b. Applicant | \$ 15,000 | . 38 | AVAILABLI | | CUTIVE ORDER 12372 |
| c. State | \$ 32,542 | 96 | DATE _7 | | |
| d. Local | ³ 0 | 360 | | AM IS NOT COVERED | BY E. O. 12372 |
| a. Other | \$ 44,337 | 9.0 | OR PRO- | | SELECTED BY STATE |
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| g. TOTAL | \$ 141.879 | 040 | ┥ | attach an explanation. | _ |
| 18. TO THE BEST OF MY KNOW | WLEDGE AND BELIEF. AL | L DATA IN THIS APPLIC | CATION/PREAPPLICATE APPLICATION TO T | TION ARE TRUE AND HE APPLICANT WILL | CORRECT, THE COMPLY WITH THE |
| ATTACHED ASSURANCES IF | THE ASSISTANCE IS AWA | RDED. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| a. Type Name of Authorized Rep Niculia Williams | | b. Title Executive Di | rector | 510-845-901 | .0 |
| d. Signature of Authorized Repre | esentative / | | | a. Date Signed | _ 0000: |
| Previous Edition Usable | | | | | orm 424 (Rev. 7-97) |

OMB Approval No. 0348-0043

| May 24, 2002 TYPE OF SUBMISSION: | APPLICATION FOR | | | Applicant Identifier | |
|---|---|---|---|--|--|
| Proposition | EDERAL ASSISTANCE | | | Applicant Identine | THE PROPERTY. |
| Prespiciation Prespiciatio | TYPE OF SUBMISSION: | | D BY STATE | State spalication logarifies V | |
| Nen-Construction | | ipplication I A DATE RECEIVE | THE PROPERTY AGENCY | | - |
| S. APELCANT INFORMATION Logal Name: California Hurman Development Corporation (CHDC) Accinese (give city, county, Stets, and sip code): 3315 Airway Dr. Santa Rosa, CA 95401 8. EMPLOYER IDENTIFICATION NUMBER (EM): 9 4 - 1 6 5 3 0 2 3 8. TYPE OF APPLICATION: No. New Continuation Revision N. Revision, enter appropriate letter(s) in box(es) Type of APPLICANT; (anter appropriate letter) in box) N. Revision, enter appropriate letter(s) in box(es) Type of EAPPLICANT; (anter appropriate letter) in box | | 1 | | 1 1/0/1 2 4 200 | 2 1 1 |
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| Start Rosa, CA 95401 See and tip code): Start Rosa, CA 95401 See Application (give a personal properties of the personal | _{egal Name:} California Human Develo | opment Corporation (CHDC) | Non-profit cor | poration | TINISE |
| Santa Rosa, CA 95401 Semilar | | | ! Name and telephone | number of person to be contacted on his | atters involving |
| S. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 | | | Tony Silva | area cood/ | |
| 9 4 1 1 6 5 3 0 2 3 3. TYPE OF APPLICATION: New Continuation Revision Revision Revision C. Municipal J. Private University J. Private University J. Trivate | Santa Rosa, CA 95401 | · · · · · · · · · · · · · · · · · · · | (916) 329-93 | 15 | |
| 8. TYPE OF APPLICATION: New Continuation Revision C. Municipal D. Township L. Independent School Dist. | | | 7. TYPE OF APPLIC | ANT: (enter appropriate letter in box) | |
| New Continuation Revision C. Municipal J. Private University D. Township K. Indian This K. I | 9 4 - 1 6 5 3 0 | 2 3 | A. State | H. Independent School Dist. | |
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| A, Increase Award D. Decrease Award D. Decrease Award D. Decrease Duration D. Other(specify): Control | f Revision, enter appropriate letter(s) i | in box(es) | 1 1184 | | |
| D. Decrease Duration Other(specify): D. Decrease Duration Other(specify): D. NAME OF FEDERAL AGENCY: USDA Rural Development 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: 514 / 516 Farm Labor Housing Program AREAS AFFECTED BY PROJECT (Chiles, Counties, States, etc.): Sacramento River Corridor, Sacramento County, California 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Sacramento Office - District 5 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTION ORDER 12372 PROCESS? A. YES. THIS PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 DATE DATE DATE 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBTY. 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IS THE ASSISTANCE IS AWARDED. 15. TITLE: 514 / 516 Farm Labor Housing Program 16. IS APPLICANT AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IS THE ASSISTANCE IS AWARDED. 17. TITLE: 514 / 516 Farm Labor Housing Program 19. NAME OF FEDERAL AGENCY: USDA Rural Development 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Courtland Plaza" 31-unit apartment complex for program worker housing (Both permisphent & minigrants) 19. Project Districts Districts Districts DISTRICT OCCURRENCES OF REVIEW BY STATE EXECUTIVE ORDER 12372 A. YES. THIS PREAPPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 A. YES. THIS PREAPPLICATION AND THE STATE EXECUTIVE ORDER 12372 B. No. D. PROGRAM HAS NOT GEEN SELECTED BY STATE ORDER 12372 DO PROGRAM HAS NOT GEEN SELECTED BY STATE ORDER 12372 DO PROGRAM HAS NOT GEEN SELECTED BY STATE ORDER 12372 DO PROGRAM HAS NOT GEEN SELECTED BY STATE ORDER 12372 DO PROGRAM HAS NOT GEEN SELECTED BY STATE ORDER 12372 DO PROGRAM HAS NOT GEEN SELECTED BY STATE ORDER 12372 DO PROGRAM HAS NOT GEEN SELECTED | (constant and appropriate accorde) | | | M. Profit Organization | rn |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 | 1 4 1/14 4444 1 | | G. Special District | N. Other (Specify) Notice Total OS | <u> </u> |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 | D. Decrease Duration Other(specific | ry): | 9. NAME OF FEDER | (AL AGENCY: | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 | | | USDA Rural De | velopment | |
| TITLE: 514 / 516 Farm Labor Housing Program AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Sacramento River Corridor, Sacramento County, California 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date 9/2/02 9/2/03 Sacramento Office - District 5 15. ESTIMATED FUNDING: a. Federal \$ 1,648,000 | | | - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | <u></u> |
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| 9/2/02 9/2/03 Sacramento Office - District 5 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State c. State d. Local f. Program Income f. Program Income s 3,242,000 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBTORS FOR THE APPLICANT DELINQUENT ON ANY FEDERAL DEBTORS FOR THE APPLICANT OF THE APPLICANT OF THE APPLICANT OF THE APPLICANT OF THE APPLICANT OF THE APPLICANT OF THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative b. Title c. Telephone Number (707) 523-1155 | 13. PROPOSED PROJECT 14. | CONGRESSIONAL DISTRICTS OF: | | | |
| 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTION ORDER 12372 PROCESS? 17. IS THE APPLICANT DELINQUENT ON ANY PEDERAL DEBTY 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 17. IS THIS PREAPPLICATION/APPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 2. Type Name of Authorized Representative | | | b Project | STATE CLE | <u>ARING H</u> |
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| b. Applicant c. State f. Program Income f. Program Income f. Program Income f. To THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative b. ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative b. Title c. Telephone Number (707) 523-1155 | a. Federal \$ | | | - NOR IGATION/APPLICATION WAS MA | 7D ⊭ |
| PROCESS FOR REVIEW ON: C. State \$ 1,530,000 DATE DA | | · | a, YES, THIS PRO | LE TO THE STATE EXECUTIVE ORDER | R 12372 |
| d. Local d. Local 1,530,000 DATE | a. Applicant | | | | |
| d. Local b. No. PROGRAM IS NOT COVERED BY E. O. 12372 e. Other \$ 64,000 f. Program Income \$ 77. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBTY B. TOTAL \$ 3,242,000 TYES If "Yes," attach an explanation. IN No 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 2. Type Name of Authorized Representative b. Title C. Telephone Number (707) 523-1155 | o. State \$ | | DATE _ | and the second | |
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| g. TOTAL \$ 3,242,000 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBTO If "Yes If "Yes," attach an explanation. If the Best of My knowledge and Belief, all data in this application/preapplication are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded. If the applicant delinquent on any federal debto. If the applicant and the applicant will comply with the attached assurances if the assistance is awarded. If the applicant delinquent on any federal debto. If the applicant and the applicant will comply with the attached assurances if the assistance is awarded. If the applicant delinquent on any federal debto. | a. Other \$ | | - 1 1 K to | | |
| g. TOTAL \$ 3,242,000 Yes If "Yes," attach an explanation. No 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 2. Type Name of Authorized Representative b. Title (707) 523-1155 | f. Program Income \$ | , oo | 17. IS THE APPLIC | ANT DELINQUENT ON ANY FEDERAL | DEBT? |
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| ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative b. Title c. Telephone Number (707) 523-1155 | _ | 3,242,000 | | | E |
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| a. Type Name of Authorized Representative [7.07] 523-1155 | ATTACHED ASSURANCES IF THE | ASSISTANCE IS AWARDED. | | | |
| | a. Type Name of Authorized Represe George L. Ortiz | President #CI | TO CHOC | (707) 523-1155 | 3 |
| Signature of Authorized Representative | Signature of Authorized Represent | TAUVOL D E W E | | e. Date Signed 05-28-02 | |
| Previous Edition Usable Authorized for Lecal Reproduction JUL 2 9 2012 Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102 | Previous Edition Usable | JUL 2 § | 2064 | | |
| STATE CLEARING HOUSE | | STATE CLEAR | ING HOUSE | | |

| APPLICATION FOR | | | | Ó! | MB Approval No. 0348-0043 |
|--|--|--|--|---|---|
| FEDERAL ASSISTAN | NCE | July 16,20 | 02 | Applicant Identifier | |
| 1. TYPE OF SUBMISSION: | | 3. DATE RECEIVED BY | STATE | State Application Identific | Br . |
| Application Construction Non-Construction | Preapplication Construction Non-Construction | 4. DATE RECEIVED BY | FEDERAL AGENCY | Federal Identifier | |
| 5. APPLICANT INFORMATION | | | | | |
| | of Stockton | gyg "Manga, a karan sera, daren saran dalah dalah dalah Malanda dalah kelalah Malanda (18 - 18 - 18 - 18 - 18 | <u> </u> | | ion Department |
| Address (give city, county, State, | | | Name and telephone r this application (give a | , | entacted on matters involving |
| | ndsay Street aquin, CA 95202-19 | 997 | 1 '' | | ctor (209) 937-8373 |
| 6. EMPLOYER IDENTIFICATION | | | 7. TYPE OF APPLICA | NT: (enter appropriate le | \mathbf{C} |
| 8. TYPE OF APPLICATION: | Olympia with the second of the | hammer for all the explorar sections a second brightening the profit and declarate expensions in a profit again, and the second | B. County | I. State Controlled Institu | |
| X New | Continuation | Revision | C. Municipal | J. Private University | |
| - Company | , | - [] | D. Township | K. Indian Tribe L. Individual | |
| If Revision, enter appropriate lett | government x | Species and the management of the species of the sp | E. Interstate F. Intermunicipal | M. Profit Organization | |
| | crease Award C. Incleas | | G. Special District | N Other (Specify) | |
| man in the state of the state o | | JUL 2 2 2002 | National Pa | aLAGENCY: 1443 rk Service | |
| 10. CATALOG OF FEDERAL D | OMESTIC ASSISTANCEN | IING HOUSE | 11 DESCRIPTIVE TO | TLE OF APPLICANT'S P | ROJECT: |
| TO CATALOG OF TEDEFORE O | CHILD (10 COOK OF THE PARTY OF | 1 5 9 1 9 | rij2 | | LITATION PROJECT |
| | | لسمستامسسالمسال لمتباليسا | Increasing recrea | tional opportunities a | nd community partner- |
| TITLE: UTDAM PAY | k and Recreation | | ships that streng | then community imag | ge, safety and security development through |
| City of S | | ares, ero.; | the rehabilitation | of a community's pa e Gleason Park Neigl | rk as the social center |
| 13. PROPOSED PROJECT | 14. CONGRESSIONAL D | ISTRICTS OF: | | | |
| Start Date Ending Date by March 2003 by January 2006 | a. Applicant 11 | | b. Project 11 | | |
| 15. ESTIMATED FUNDING: | | The second secon | 16. IS APPLICATION ORDER 12372 PI | SUBJECT TO REVIEW ROCESS? | BY STATE EXECUTIVE |
| a. Federal , | \\ 1,000,00 | 00 ** | a YES THIS PRE | APPLICATION/APPLICA | TION WAS MADE |
| b. Applicant | \$ 428,57 | 71 | I . | E TO THE STATE EXEC FOR REVIEW ON: | UTIVE ORDER 12372 |
| c. State | * | 90 | DATE JU | ıly 16, 2002 | |
| d. Local | \$ | 1/0 | b. No PROGR | AM IS NOT COVERED B | IY E. O. 12372 |
| e. Other | \$ | 100 | | GRAM HAS NOT BEEN | |
| I. Program Income | S | 90 | 17 IS THE APPLICA | NT DELINQUENT ON A | NY FEDERAL DEBT? |
| g. TOTAL | 1,428,5 | 71 | <u>-</u> | attach an explanation. | Х) но |
| 18. TO THE BEST OF MY KNO | WLEDGE AND BELIEF, A | L DATA IN THIS APPLI | CATION/PREAPPLICA | TION ARE TRUE AND C | ORRECT, THE |
| DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF | | | HE APPLICANT AND T | HE APPLICANT WILL C | OMPLY WITH THE |
| a Type Name of Authorized Re Galv A. Pode | gresentative | b Title Mayo | r | c. Telephone Number (| 209) 937-8499 |
| d. Signature of Authorized Repr | | | | e. Date Signed Ju | uly 16, 2002 |

| APPLICATION FOR FEDERAL ASSISTANCE | 2. DATE SUBMITTED 7/18/02 | | Applicant Identifier | |
|---|---------------------------|---------------------------------------|--|--|
| TYPE OF SUBMISSION: | 3. DATE RECEIVED B | YSTATE | State Application Identifier | 41 |
| Application Preapplication | 4. DATE RECEIVED E | Y FEDERAL AGENCY | Federal Identifier | |
| APPLICANT INFORMATION | | | | |
| city of Gonzales | | Organizational Unit: | Planning Depar | tment |
| ddress (give city, county, State, and zip code): P.O. Box 647 147 Fourth St. | | | number of person to be contacted | |
| Gonzales, Monterey, CA | 93926 | | terson (831) <u>6</u> | |
| EMPLOYER IDENTIFICATION NUMBER (EIN): | | 7. TYPE OF APPLICA | ANT: (enter appropriate letter in bo | C C |
| 94-6000341 | | A. State | H, Independent School Dist. | |
| I. TYPE OF APPLICATION: | | B. County | State Controlled Institution of I Private University | Higher Learning |
| New Continuation | Revision | C. Municipal D. Township | K. Indian Tribe | |
| f Revision, enter appropriate letter(s) in box(es) | | E. Interstate | L. Individual | |
| A. Increase Award B. Decrease Award C. Increa | se Duration | F. Intermunicipal G. Special District | M. Profit Organization N. Other (Specify) | |
| A. Increase Award B. Decrease Award C. Increa D. Decrease Duration Other(specify): | se Duration | | | |
| 2,23 | | 9. NAME OF FEDER | | lminiatao |
| No. | | | Development Adartment of Comm | |
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| IU. CATALOG OF FEDERAL DOMESTIC ASSISTANCE | | | construct stre | |
| | | | & underground | |
| TITLE: 12. AREAS AFFECTED BY PROJECT (Cities, Counties, 5 | States, etc.): | | dustrial park | |
| City of Gonzales | | | | |
| ······ | DISTRICTS OF: | | | |
| 13. PROPOSED PROJECT 14. CONGRESSIONAL I | Diatric (3 Of . | | | JUL ² |
| Start Date Ending Date a. Applicant | io 177+h | b. Project | fornia 17th | esta de la composição d |
| 10/1/029/30/04 Californ | la l'ull | 16. IS APPLICATION | SUBJECT TO REVIEW BY STA | ATE EXECUTIVE |
| 15. ESTIMATED FORDING: | | ORDER 12372 P | | |
| a. Federal \$ 2,0 | 01,000 [∞] | | ************************************** | /AC MADE |
| b. Applicant \$ 8 | 58,000 ™ | AVAILABL | EAPPLICATION/APPLICATION W LE TO THE STATE EXECUTIVE : IS FOR REVIEW ON: | |
| c. State \$ | ,00 | DATE 7 | 7/18/02 | |
| d. Local \$ | .00 | h No El BROOM | RAM IS NOT COVERED BY E. O. | 12372 |
| e. Other \$ | .30 | D. No. PROGR | OGRAM HAS NOT BEEN SELEC | TED BY STATE |
| | QQ | | | |
| t. Program Income \$ | , | 17. IS THE APPLICA | ANT DELINQUENT ON ANY FED | DERAL DEBT? |

City Manager

c. Telephone Number (831) 675–5000
e. Date Signed 7/18/02
Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

a. Type Name of Authorized Representative

d Signalure of Afficiated Representa

Authorized for Local Reproduction

Previous Edition Usable

OMB Approval No. 0348-0043 APPLICATION FOR 2. Date Submitted (mm/dd/vvyv) Applicant Identifier FEDERAL ASSISTANCE 7/17/02 1. Type of Submissiom 3. Date Received by State (mm/dd/yyyy) State Applicant Identifier Preapplication Application Construction Construction 4. Date Received by Federal Agency Federal Identifier (mm/dd/yyyy) ☐ Non-Construction Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: Timber Ridge at McKinleyville, LLC Name and telephone number of the person to be contacted on matters involving this Address (give city, county, state, and zip code): application (give area code) 5251 Ericson Way, Suite 1 James L. Hamernick, Reilly Mortgage Group Arcata, CA 95521 703-760-4700 X 4743 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: М В D State Controlled Institution of Higher Learning State B. County Private University 8. TYPE OF APPLICATION: C. Municipal Indian Tribe Individual D. Township Continuation E. Interstate Profit Organization M New Revision Intermunicipal Nonprofit N Special District Public Housing Agency If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C Increase Duration H. Independent School Dist. 9. NAME OF FEDERAL AGENCY: D. Decrease Duration Other (specify): U.S. Department of Housing and Urban Development 10. CATALOG OF FEDERAL DOMESTIC 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2 ASSISTANCE NUMBER: (xx-yyy) FHA Section 232, New Construction 48 Unit Assisted Living Facility TITLE: Mortgage Insurance - Nursing Homes, Intermediate Care Facilities, Board and Care Homes and Assisted Living Facilities 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): JUL 1 9 2002 McKinleyville, Humboldt County, California STATE CLEARING HOUSE 14. CONGRESSIONAL DISTRICTS OF: 13. PROPOSED PROJECT: Start Date **Ending Date** a. Applicant b. Project (mm/dd/yyyy) (mm/dd/yyyy) Congressional District 1 Congressional District 1 2/1/03 12/1/03 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE (mm/dd/yyyy) 7/17/02 Complete form HUD-424-M, Funding Matrix PROGRAM IS NOT COVERED BY E.O. 12372 PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW OR 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? Yes If "Yes," attach an explanation X No 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED a. Typed Name of Authorized Representative c. Telephone number (Include Area Code) 703-760-4743 Vice President James L. Hamerni

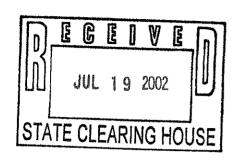
Previous Edition Usable (7/97)

d. Signature of Authorized Representative

wes Haulwile

Standard Form 424

e. Date Signed (mm/dd/yyyy)



I. General Information

Applicant Organization's Legal Name:

City of Fontana Police Department

Applicant Agency ORI Number: CA03604

The ORI number is assigned to your agency by the FBI for purposes of UCR crime reporting. It begins with your state abbreviation followed by five digits. If your agency does not have an ORI number, leave this blank, and the COPS Office will assign one to you. For further clarification, please refer to your Application Instructions Manual on page 14.

Applicant Agency EIN Number: 9 5 6 0 0 4 7 7 1

The EIN number is assigned to your agency by the Internal Revenue Service (IRS) and consists of nine digits. If the Office of Justice Programs has assigned your department an EIN number, please use that assigned number. Otherwise, your IRS EIN number should be used. For further clarification, please refer to your Application Instructions Manual on page 13.

Federal Congressional District Number: 42nd

Do not substitute state or local congressional districts.

Is your agency contracting for law enforcement services? [] Yes XX] No
If "yes," enter the name and agency information of the contract law enforcement department in
the Executive Information section on page 3. For further clarification in determining if this applies
to your agency, please see page 13 of the Application Instructions Manual.

In the space below, please provide a brief explanation of your agency's inability to implement this project without federal assistance.

- (1) Fontana has grown by 39% from 1991 to 2002; growth in the Police Department has not kept pace. Population will increase from 135,100 to 141,385 on January, 2003; another 5%.
- (2) Calls for service rose 4% in Fiscal Year 2001/02 and are estimated to rise another 4% in Fiscal Year 2003/03. Officer per 1,000 population ratios are currently at 1.03 which is well below the western state average of 1.8.
- (3) The free time rate for officers to do community oriented policing projects or other proactive patrol has decreased by 3% from 2001 to 2002.
- (4) Law enforcement agencies in California are faced with budget cuts as a result of a \$23 billion state budget deficit; an impact to Fontana of about \$499,000 on July 1, 2002. Fontana cannot make up this deficit and add sufficient personnel to address the trends indicated above.
- (5) A loss of funds will impact service delivery to the citizens of Fontana effective Fiscal Year 2002/03, continuing into Fiscal Year 2003/04 and beyond which is why Federal funding is being requested.

II. Executive Information

The law enforcement and government executives that appear in this section <u>must</u> be those individuals who will have ultimate financial and programmatic authority for this grant. Typically, these are the highest-ranking officials within your jurisdiction (e.g., Chief of Police, Sheriff, or equivalent for law enforcement executives, and Mayor, City Administrator, or equivalent for government executives). Listing individuals without ultimate financial and programmatic authority for the grant could delay the review of your application, or remove your application from consideration.

| Law Enforcer | ment Executive's Na | me Frank J. S | ciaidone | *** | | | | |
|---|--------------------------|---------------------------|--------------------|------------------------|--|--|--|--|
| Title: Chie: | f of Police | Agency Name: Fo | ontana Pol | <u>ice Depar</u> tment | | | | |
| Address: 170 | 05 Upland Av | e | | · · · | | | | |
| City: Fon: | tana | State: CA | Zip Code: | 92335 | | | | |
| Telephone:(| 909) 350 - 7702 | Fax: (909) 35 | 66-7111 | | | | | |
| E-mail (if appl | icable):fscial | done@fontana. | org | | | | | |
| Type of Law . | Enforcement Ageno | y: | | | | | | |
| Municipal | | ate 🗆 Cou | inty Police Depart | ment | | | | |
| ☐ Sheriff* | O T | ate □ Cou ribal* □ Tra | nsit* | | | | | |
| □ School* | | niversity/College* (□ 1 | | | | | | |
| ☐ Public Housing* ☐ New Start-Up* (please specify): | | | | | | | | |
| | | o them must complete t | | | | | | |
| | | | | tionnaire found | | | | |
| at the back of t | his Application Bookle | t, and include it with th | e application. | | | | | |
| | | Kenneth R. Hu | | | | | | |
| Tide:City 1 | Manager Nam | e of Government Entity: | City of Fo | ontana | | | | |
| | 353 Sierra A | | | | | | | |
| City For | ntana | State: CA | Zin Code | 92335 | | | | |
| | | Fax: (909) 350 | | | | | | |
| • | | | | | | | | |
| к-шап (п аррі | icable): <u>Kituitee</u> | fontana.org | | | | | | |
| Type of Gove | rnment Entity. | | | | | | | |
| ☐ State | | ☐ Town | County | | | | | |
| □ Village | Borough | | | | | | | |
| ☐ Region | Council | | □ Pueblo | | | | | |
| ☐ Nation | School Distr | ict | | | | | | |
| □ Other (plea | se specify): | | | | | | | |
| Contact Info | rmation: | | | | | | | |
| | | who is familiar with thi | s araní | | | | | |
| | | Tide: | | Analyet | | | | |
| Talankana ((| 300) 250-7766 | Fax: (909) 3 | DI - AUHILII | wiather | | | | |
| | | | | | | | | |
| E-mail (il appl | icable): <u>PSTEWA</u> | rt@fontana.or | .Ч | | | | | |

Universal Hiring Program 2002 Budget Information

Applicant Legal Name: City of Fontana Police Department

4 0 9 ന 0 ORI Code (Assigned by FBI): C A This worksheet will assist your agency in properly organizing and estimating your costs and providing the necessary details for financial review. Complete Parts I and III if you are requesting funds for full-time officers, Parts II and III if you are requesting part-time officers, and all three parts if you are requesting full and part-time officer positions. All budget figures should be rounded to the nearest whole dollar.

The budget information you provide will be used to calculate your grant amount. Assistance in completing this information is available from the U.S. Department of Justice Response Center at 1.800.421.6770.

OMB Approval Number: 1103-0027

PART I: Complete if your agency is requesting full-time officers

1. Cost Per Full-Time Officer - Year 1

Instructions: Indicate your department's cost for each of the following categories. Do not include employee contribution costs.

| Enter the base annual first year salary that your department currently pays a new, entry-level officer. | Cost for Social Security may not exceed 6.2%. If exempt check here [X] Cost for Medicare may not exceed 1.45%. If exempt check here [J] Costs toward health insurance coverage; please indicate if this is for Family Coverage XX Ves [] No Costs toward life insurance coverage. | Vacation costs, if not included in base salary. # of hours annually:200 Sick leave costs, if not included in base salary. # of hours annually: Contribution to retirement benefits. Costs of worker's compensation. (See Part III, Question 4) Costs of unemployment insurance. (See Part III, Question 4) | Costs of equipment, training, uniforms, vehicles and overtime are not permitted. | Sum of department fringe benefit costs for Year 1. Year 1 base salary plus Year 1 fringe benefits. |
|--|---|---|--|---|
| % of base salary | cafeteria % | | 15.26 % | |
| \$47,260 .00 | \$ 685 .00 7.45 (1) \$see below .00 cafeteria | \$ 1,419 00 \$ 6,616 00 \$ 3,781 00 | \$ 7,212 .00 | \$19,713 .00 \$66,973 .00 |
| Current Annual Entry-Level Base Salary \$47,260 Annual Fringe Benefits: * Please refer to Part III, Ouestion 4 | | Vacation Sick Leave Retirement *Worker's Comp. *Unemployment Ins. | cafeteria Other plan Other | Total Fringe Benefits Total Year 1 Salary and Benefits |

Previous editions are obsolete and should not be used. (2/11/02)

2. Cost Per Full-Time Officer - Year 2

% of base salary 00. Current Annual Entry-Level Base Salary \$ 48,678

Annual Fringe Benefits:

| 00. | 00. |
|----------------|---------|
| ⇔ | \$ 706 |
| ocial Security | edicare |

Sick Leave Retirement

Vacation

(1)

%

%

%

 \Box

3, Cost Per Full-Time Officer - Year 3

Total Year 2 Salary and Benefits

% of base salary 8 Current Annual Entry-Level Base Salary \$ 50,138.

Annual Fringe Benefits:

%

%

| 00 | 00. |
|-------------------|--------|
| 20,548 | 70,686 |
| (≠)÷ | ⊕£. |

Enter the base annual salary that your department currently pays a new, entry-level officer in the second year of service. Cost for Social Security may not exceed 6.2%. If exempt check here Ki Cost for Medicare may not exceed 1.45%. If exempt check here [] Costs toward health insurance coverage; please indicate if this

is for Family Coverage [] No

Costs toward life insurance coverage.

Vacation costs, if not included in base salary. # of hours annually: 200 Sick leave costs, if not included in base salary. # of hours annually:_ Contribution to retirement benefits.

Costs of equipment, training, uniforms, vehicles and overtime Costs of unemployment insurance. (See Part III, Question 4) Costs of worker's compensation. (See Part III, Question 4) are not permitted.

Sum of department fringe benefit costs for Year 2.

Year 2 base salary plus Year 2 fringe benefits.

Enter the base annual salary that your department currently pays a new, entry-level officer in the third year of service.

Cost for Social Security may not exceed 6.2%. If exempt check here [X] Cost for Medicare may not exceed 1.45%. If exempt check here [] Costs toward health insurance coverage; please indicate if this

is for Family Coverage XX Yes [] No

Costs toward life insurance coverage.

Vacation costs, if not included in base salary. # of hours annually: 208 Sick leave costs, if not included in base salary. # of hours annually: Costs of worker's compensation. (See Part III, Question 4) Contribution to retirement benefits,

Costs of equipment, training, uniforms, vehicles and overtime Costs of unemployment insurance. (See Part III, Question 4) are not permitted.

00

Sum of department fringe benefit costs for Year 3.

Year 3 base salary plus Year 3 fringe benefits.

| APPLICATION FOR | ₹ | | | OMB Approval No. 0348-004 | | | |
|---|-------------------------------|---|--|--|--|--|--|
| FEDERAL ASSIST | ANCE | 2. DATE SUBMITTED July 17 | , 2002 | Applicant Identifier | | | |
| 1. TYPE OF SUBMISSION: Application | Preapplication | 3. DATE RECEIVED BY | STATE | State Application Identifier | | | |
| Construction Non-Construction | Construction Non-Construction | 4. DATE RECEIVED BY | FEDERAL AGENCY | Federal Identifier | | | |
| 5. APPLICANT INFORMATIO | N | | 1 | | | | |
| | University of Califo | rnia | | riculture and Natural Resources | | | |
| Address (give city, county, Sta 1111 Franklin St., 6 Oakland, CA 9640 | ith Floor | | Name and telephone number of person to be contacted on matters involvin this application (give area code) Carol Berman (510) 987-0050 | | | | |
| 6. EMPLOYER IDENTIFICAT 9 4 6 0 3 8. TYPE OF APPLICATION: | 6 4 9 4 | Revision | A. State B. County C. Municipal D. Township E. Interstate | ANT: (enter appropriate letter in box) H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual | | | |
| A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): | | | F. Intermunicipal G. Special District | M. Profit Organization N. Other (Specify) | | | |
| D. Decrease Baranon Can | | 9. NAME OF FEDERAL AGENCY: | | | | | |
| | | US EPA | | | | | |
| TITLE: Surveys, S 12. AREAS AFFECTED BY F Multiple counties in Sac | Studies, Investigations a | 6 6 — 6 0 6 Ind Special Purpose (lates, etc.): | I ' | gies to Manage Resistant Weeds and Use in Ride 13 | | | |
| 13. PROPOSED PROJECT | 14. CONGRESSIONAL D | ISTRICTS OF: | | - OLEADING HOUSE | | | |
| Start Date | a. Applicant 3 91 | Γ | b. Project | STATE CLEARING HOUSE | | | |
| 15. ESTIMATED FUNDING: | | | 16. IS APPLICATION ORDER 12372 PA | SUBJECT TO REVIEW BY STATE EXECUTIVE | | | |
| a. Federal | \$ | 30,000 | *** | APPLICATION/APPLICATION WAS MADE | | | |
| b. Applicant | \$ | .00 | | E TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON: | | | |
| c. State | \$ | ,00 | DATE | 07/17/02 | | | |
| d. Local | \$ | ,00 | b. No. 🔲 PROGRA | AM IS NOT COVERED BY E. O. 12372 | | | |
| e. Other | \$ | .00 | OR PROFOR REV | GRAM HAS NOT BEEN SELECTED BY STATE /IEW | | | |
| f. Program Income | \$ | .00 | 17. IS THE APPLICA | NT DELINQUENT ON ANY FEDERAL DEBT? | | | |
| g. TOTAL \$ 30,000 | | ☐ Yes If "Yes," attach an explanation. | | | | | |
| DOCUMENT HAS BEEN DU | | OVERNING BODY OF TH | | TION ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE | | | |
| a. Type Name of Authorized F Carol Berman | | b. Title Contracts & Grants | s Coordinator | c. Telephone Number (510) 987-0050 | | | |
| d. Signature of Authorized Re | presentative | | | e. Date Signed 7/17/02 | | | |

OMB Approval No. 0348-0043 Applicant Identifier 2. Date Submitted (mm/dd/yyyy) APPLICATION FOR B-02-UC-06-0503 FEDERAL ASSISTANCE 06/01/02 State Applicant Identifier 3. Date Received by State (mm/dd/yyyy) 1. Type of Submissiom Preapplication Application Federal Identifier Construction 4. Date Received by Federal Agency XX Construction Non-Construction 06/01/02 Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Dept. of Economic and Community Development Legal Name: County of San Bernardino Name and telephone number of the person to be contacted on matters involving this Address (give city, county, state, and zip code):
290 North "D" Street, Sixth Floor application (give area code) Thomas R. Laurin, Director (909) 388-0808 San Bernardino, CA 92415-0040 (909) 388-0820 Fax San Bernardino 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: State Controlled Institution of Higher Learning 9 5 - 6 0 0 2 A. State Private University B. County Indian Tribe C. Municipal 8. TYPE OF APPLICATION: Individua D. Township **Profit Organization** E. Interstate ☐ Continuation ☐ Revision XX New N. Nonprofit F. Intermunicipal O. Public Housing Agency Special District If Revision, enter appropriate letter(s) in box(es): P Other H. Independent School Dist. C. Increase Duration B. Decrease Award A. Increase Award (Specify) 9. NAME OF FEDERAL AGENCY: Other (specify): D. Decrease Duration U.S. Dept. of Housing & Urban Development 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC 2 1 Multiple CDBG activities including capital ASSISTANCE NUMBER: (xx-yyy) improvements, public services, housing TITLE: CDBG Entitlement Program preservation and economic development. 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Unincorporated San Bernardino County and THE HOUSE 14 cooperating cities 14. CONGRESSIONAL DISTRICTS OF: 13. PROPOSED PROJECT: b. Project a. Applicant Ending Date Start Date (mm/dd/yyyy) (mm/dd/vyvv) 25, 26, 41, 42, 43 25, 26, 41, 42, 43 06/30/03 07/01/02 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 15. ESTIMATED FUNDING: B. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE (mm/dd/yyyy) 06/15/02 Complete form HUD-424-M. Funding Matrix PROGRAM IS NOT COVERED BY E.O. 12372 PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW OR 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? - TO CARINO If "Yes," attach an explanation ☐ Yes 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DIAY. AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. b. Title Chairman, County c. Telephone number . (909.) a. Typed Name of Authorized Representative (Include Area Code) 387-4866 Board of Supervisors e. Date Signed (mm/dd/yyyy) ATTEST:

Previous Edition Usable (7/97) County Counsel

d. Signature of Authorized Representative

By (Authorized for Local Reproduction

J. RENEE' BASTIAN

Clerk of the Board

Deputy

Standard Form 424

Prescribed by OMB Circular A-102

MAY 1 4 2002

| APPLICATION | ON FOR | | 2. DATE SUBMITTED | Applicant identifier | | | | | | |
|--|---|--|---|--|--|--|--|--|--|--|
| FEDERAL A | SSISTANCE | | 7/18/02 | | | | | | | |
| 1. TYPE OF SUBMIS Application | SION | Preapplication | 3. DATE RECEIVED BY | State Application Identifier | | | | | | |
| Constructi | | ☐ Construction ☐ Non-Construction | 4. DATE RECEIVED BY Federal Identilier FEDERAL AGENCY | | | | | | | |
| 5. APPLICANT IN | FORMATION | | | | | | | | | |
| Legal Name: Communiti | es for a Better | Environment | Organizational Unit: | | | | | | | |
| 1611 Tele | unty, state, and zip code): graph AV, Suite | 450 | application (give area code) | person to be contacted on matters involving this | | | | | | |
| Oakland, | | | | 510-302-0430, ext 212 | | | | | | |
| 6. EMPLOYER DENTIFICATION (EIN): | | | 7. TYPE OF APPLICANT: (enter a A. State H. Indepen | ppropriate letter here) N dent School District | | | | | | |
| 9 4 | 2 9 9 8 | 0 8 6 | B. County I. State Co. | ntrolled institution of Higher Learning | | | | | | |
| | | | C. Municipal J. Private t | University | | | | | | |
| 8. TYPE OF APPLICA | | OB | D. Township K. Indian T | ribe | | | | | | |
| ☐ New ☐ Continuation ☐ Revision If Revision, enter appropriate letter(a) in Dox(es): | | E. Interstate L. Individue | J. | | | | | | | |
| A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration | | | F. Intermunicipal M. Profit O | rgenization | | | | | | |
| Other Specify: | | | G. Special District N. Other (5 9. NAME OF FEDERAL AGENCY: | Specify): non-profit organization | | | | | | |
| | | | EPA | | | | | | | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: | | | | | | | | |
| 6 6 | 6 6 6 0 4 | | Community Pollution Monitoring Project | | | | | | | |
| | onmental Justic DBYPROJECT (cities, co | e Small Grants | _ | The state of the s | | | | | | |
| city of I | Wilmington, LA | County | | | | | | | | |
| 123, 32 | | | | JUL 1 8 2002 | | | | | | |
| 18, PROPOSED PROJ | ECT: | 14. CONGRESSIONAL | | 3.0.000 | | | | | | |
| Start Date | End Date | DISTRICT OF: A. Applicant: | | b. Project TATE SULLARING HOUSE | | | | | | |
| 10/1/02 | 10/1/03 | CA-9 | e e e e e e e e e e e e e e e e e e e | GA-9 | | | | | | |
| · | | | • | | | | | | | |
| | · | | | | | | | | | |
| 15. Estimated Fundin | ng: | | 16. IS APPLICATION SUBJECT TO | REVIEW BY STATE EXECUTIVE | | | | | | |
| a. Federal | | s 19,990 | ORDER 12372 PROCESS? | | | | | | | |
| b. Applicant | | \$ | TO THE STATE EXECUTIVE ORDE | PPLICATION WAS MADE AVAILABLE ER 12972 PROCESSE® FOR REVIEW ON; | | | | | | |
| c. \${6 * | | ß | DATE 7/18/02 | | | | | | | |
| d. Local | | \$ | b. NO. I PROGRAM IS NOT COVERED BY E.O. 12372 | | | | | | | |
| в. Other | | \$ | OF PROGRAM HAS NO | T BEEN SELECTED BY STATE FOR REVIEW | | | | | | |
| f. Program income | | \$ | 17. IS THE APPLICANT DELINQUE | | | | | | | |
| g. TOTAL | TE AND PRICERS PROPERTY | S No first test and the same | | ** | | | | | | |
| THE ATTACHED | S BEEN DULY AUTHOR A88URANCES IF THE | ND BELIEF, ALL DATA IN 1 RIZED BY THE GOVERNING ASSISTANCE IS AWARDE | B BODY OF THE APPLICANT AND | TION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH | | | | | | |
| a. Typed Name or Auth | norized Representative. | | b. Tille: | c. Telephone Number | | | | | | |
| Carlos Por d. Signature of Authori | | | Executive Director | 323-826-9771, ext109 | | | | | | |
| J1 / | 6-time | | | 7/18/02 | | | | | | |

Application for Federal Education Assistance (ED 424) Applicant Information



U.S. Department of Education

Form Approved OMB No. 1875-0106 Exp. 11/30/2004

| Name and Address Legal Name: Bakersfield Police Activities League | Organizational Unit | | | | | |
|--|---|--|--|--|--|--|
| Address: 301 E. 4th Street | | | | | | |
| | | | | | | |
| Bakersfield City 2. Applicant's D-U-N-S Number 0 7 0 7 9 0 3 2 9 | CA Kern 93307 - 1407 State County ZIP Code + 4 6. Novice Applicant ✓ Yes No | | | | | |
| 3. Applicant's T-I-N 7 7 0 3 7 5 4 3 6 4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B Title: Safe and Drug-Free Schools Mentoring Program | 7. Is the applicant delinquent on any Federal debt? Yes No (If "Yes," attach an explanation.) 8. Type of Applicant (Enter appropriate letter in the box.) | | | | | |
| 5. Project Director: Greg Williamson Address: 301 E. 4th Street Bakersfield, City CA State 93307 - 1407 Tel. #: (661) 283-8880 Fax #: (661) 283-8878 E-Mail Address: gwilliam@ci.bakersfield.ca.us | A State G Public College or University B Local H Private, Non-Profit College or University C Special District I Non-Profit Organization D Indian Tribe J Private, Profit-Making Organization E Individual K Other (Specify): F Independent School District | | | | | |
| Application Information | | | | | | |
| 9. Type of Submission: —PreApplication —Construction —Construction —Non-Construction 10. Is application subject to review by Executive Order 12372 process? Yes (Date made available to the Executive Order 12372 process for review): 7/2/2002 —No (If "No," check appropriate box below.) —Program is not covered by E.O. 12372. —Program has not been selected by State for review. Start Date: —End Date: | 12. Are any research activities involving human subjects planned at any time during the proposed project period? Yes (Go to 12a.) No (Go to item 13.) 12a. Are all the research activities proposed designated to be exempt from the regulations? Yes (Provide Exemption(s) #): No (Provide Assurance #): 13. Descriptive Title of Applicant's Project: Bakersfield Police Activities League Safe and Drug Free Schools Mentoring Program | | | | | |
| 11. Proposed Project Dates: 11/1/2002 10/31/2005 | JUL 1 8 2002 L | | | | | |
| 14a. Federal \$ 294,334.00 15. To the best of correct. The the applicant is an Authorized and Au | of my knowledge and belief, all data in this preapplication/application are true and see document has been duly authorized by the governing body of the applicant and int will comply with the attached assurances if the assistance is awarded. Representative (Please type or print name clearly.) Illiamson Ecutive Director 561) 283-8880 Fax #: | | | | | |
| g. TOTAL \$ 294,334.00 e. Signature | Of Authorized Representative Date: 7/1/2002 | | | | | |

| ART I - FACE APPLICATION | N FOR FEDERAL A | SSISTANCE | 1. TYPE OF SUBMISSION: Application Non-Constru | | | | | |
|--|--|---------------------------|---|---|--|--|--|--|
| DATE SUBMITTED TO CO ATIONAL SERVICE (CNS) | RPORATION FOR J. 3. DATE RECEIVED | BY STATE: | 3.b. State application iden | TIPER: | | | | |
| aly 18, 2002 | 4, a Date RECEIVE |) BY CNS; | 4.5. CNS GRANT NUMBER: C2-SCPA020 | | | | | |
| APPLICANT INFORMATION | on acramento Department of Human Assi | Stence NAME A) | D CONTACT INFORMATION FO | OR PROJECT DIRECTOR OR OTHER INVOLVING THIS APPLICATION (give | | | | |
| RGANIZATIONAL UNIT: | | area codas) | | | | | | |
| | , city, county, state and zip code)? | ' ' ' ' | eslie Chiles | | | | | |
| 3727 Marconi Ave | | TELEPHO | не нимвек: (916) 443 - : | 1676 | | | | |
| Sacramento, Sacra | mento County | FAX NUM | HER: (916) 443 - 3799 | | | | | |
| Sacramento, CA | 95821 | | FEMAN ADDRESS Chiles MA | saccounty pet | | | | |
| 94-6000529 | | | OF APPLICANT: (uncor appropriots las | ucr in hax) B | | | | |
| 8. TYPE OF APPLICATION (Cheek appropriate box): NEW XCONTINUATION REVISION If Revision, enter appropriate letter(s) in box(cs): A increase Award B. Depresse Award C, increase Durntion D. Decrease Durntion E. Other (space(y)): | | | A. State B. County I. State Committed Institution of Higher Learning C. Municipal J. Private University D. Township E. Internate I. Individual F. International G. Special District O. Other (specify) 9. NAME OF FEDERAL AGENCY: Corporation for National Service Corporation | | | | | |
| RSVP: 94.002 FGP: 94.011 SCP: 94.016 Senior Demonstration: 94 | | 0 1 6 Sen | rptive title of applicant's rior Companion Program | | | | | |
| Sacramento, | Olo, and Nevada Country | | | OTT O | | | | |
| IN PROPOSED PROTECT: | STAPT DATE: 9/30/02 | ····· | FND DATE: 9/29/05 IS APPLICATION SUBJECT TO RE | TORNER OF TATE EYECTITIVE | | | | |
| 14. ESTIMATED FUNDING | | | ORDER 12372 PROCESS? | WEW BY STATE DATE | | | | |
| a. FEDERAL b. APPLICANT | | 20,940 | YES. THIS PREAPPLICATION/API TO THE STATE EXECUTIVE REVIEW ON: | PLICATION WAS MADE AVAILABLE E ORDER 12972 PROCESS FOR | | | | |
| | \$ | | - · · | | | | | |
| c, STATE | 5 | 72,904 h. | DATE: July 18, 2002 NO. PROGRAM IS NOT COVE | | | | | |
| d. LOCAL | \$ | 53,524 | OR FROGRAM HAS NO HEVIEW | DI BEEN SELECTED BY STATE FOR | | | | |
| e. OTHER | 5 | | 14. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEST? X NO | | | | | |
| C. TOTAL | s | 316,106 | YES IT"Yes," attach an expl | W. (1910-1) | | | | |
| AUTHORIZED BY THE GO | VERNING BOOT OF THE APPELLANT AND | THE ROLL BUSINESS OF THE | EAPPLICATION ARE TRUE AND CO MPLY WITH THE ATTACHED ASSURA | RRECT. THE DOCUMENT HAS BEEN DULY NCES IF THE ASSISTANCE IS AWARDED. | | | | |
| 1 | HORIZED REPRESENTATIVE | b. TITLE: Director, Dept. | of Human Assistance | (916) 875-3611 | | | | |
| Cheryl S. Davi | 5 | - H 64,21, 1995 | | E. DATE SIGNED: | | | | |

| APPLICATION FOR FEDERAL ASSISTANCE | | | OMB Approval No. 0348-0043 |
|---|-------------------------------|---|--|
| TYPE OF SUBMISSION: | 2. DATE OF SUBMISS 6-28-02 | GION | Applicant Identifier 7CA02008 |
| Application Preapplication Construction Construction | 3. DATE RECEIVED 8 | Y STATE | State Application Identifier 7CA02008 |
| Non-Construction ☐ Non-Construction | 4. DATE RECEIVED B | SY FEDERAL AGENCY | Federal Identifier |
| 5. APPLICANT INFORMATION | | | |
| Legal Name: | | Organizational Unit: | |
| CALIFORNIA DEPARTMENT OF FORESTR Address (give City, County, State & Zip Code | | Fire Protection Name and telephone | number of person to be contacted on matters |
| 1416 Ninth Street PO Box 944246 | .,, | involving this applicat Kathi Robertson | tion (give area code) Jim Troehler |
| Sacramento, Sacramento County California 94244-2460 | | 7 TYPE OF APPLIC | (916) 653-6179 CANT: (enter appropriate letter) A |
| 6. Employee Identification Number (EIN): | 69 0306069 | | The state of the s |
| 8. Type of Application: | | A, State | H. Independent School Districts |
| ☑ New ☐ Continuation ☐ Revi | ision | B. County C. Municipal D. Township | State Controlled Institute of Higher Learning Private University |
| If Revision, enter appropriate letter(s) in box(A. Increased Award 8, Decreased Award | ex): C. Increased Duration | E. Interstate F. Intermunicipal G. Special District | K. Indian Tribes L. Individual M. Profit Organization |
| D. Decreased Duration Other (Specify): | | 15.00 mm m m m m m m m m m m m m m m m m m | N. Other (Specify): |
| Six Month Time Extension | | | |
| | | 9. NAME OF FEDE U.S. FOREST SE | RAL AGENCY: ERVICE, DEPARTMENT OF AGRICULTURE |
| 10. CATALOG OF FEDERAL DOMESTIC | | 11. DESCRIPTIVE | TITLE OF APPLICANT'S PROJECT |
| ASSISTANCE NUMBER: | | Consolidated paym | nents grant for rural fire prevention and control |
| 10-564 Cooperative Fire Protection | | as well as voluntee | |
| 12. AREAS AFFECTED BY PROJECT (cit) | es, counties, states, etc.): | | |
| Statewide | | | JUL 1 8 2002 U |
| 13. PROPOSED PROJECT: | 14. CONGRESSION | | |
| Start Date Ending Date 07-01-02 12-31-03 | a. Applicant 3 | b. Project Statewide | STATE CLEARING HOUSE |
| 15. ESTIMATED FUNDING | 16. IS APPLIC | | BY STATE EXECUTIVE ORDER 1372 |
| a. Federal \$ 1,937,230 | a. YES, THIS | PREAPPLICATION/APPLICATI | ON WAS MADE AVAILABLE TO THE STATE |
| b. Applicant \$ 1,000,230 | EXECUTIVE C | RDER 12373 PROCESS FOR | REVIEW ON: |
| c. State \$ <1,000,230> | DATE: | 07-12-02 | |
| d. Local \$ 962.000 | | PROGRAM IS NOT COVERED I | BY E.O. 12372 |
| e, Other \$ | | | SELECTED BY STATE FOR REVIEW |
| f. Program Income \$ | 17. IS THE A | PPLICANT DELINQUENT ON A | NY FEDERAL DEBT? |
| g. TOTAL \$ 2,899,230 | | 'ES f "Yes" attach an explanation | on 🗵 NO |
| 18. TO THE BEST OF MY KNOWLEDGE AND B AUTHORIZED BY THE GOVERNING BODY OF T | THE APPLICANT AND THE APPL | LICATION/PREAPPLICATION ARE T LICANT WILL COMPLY WITH ATTA | RUE AND CORRECT. THE DOCUMENT HAS BEEN DULY CHED ASSURANCES IF THE ASSISTANCE IS AWARDED. |
| Typed Name of Authorized Representati James M. Wright | ve | b. Title: DEPUTY DIRECTOR CHIEF OF FIRE PROTECT | c. Telephone Number (916) 653-9424 |
| d. Signature of Authorized Representative | | and the first of the transfer | e. Date Signed |
| Previous Editions Not Usable | | h | Standard Form 424 (REV 4-88) |
| LIGAIOTIZ COMOULZ MOI DZSDIG | | | contact and and and |

Standard Form 424 (REV 4-88) Prescribed by OMB Circular A-102

| APPLICATION FOR | | 2. DATE SUBMITTED | | Applicant Identifier | | | | | |
|---|--|--|---|--------------------------------|--|--|--|--|--|
| FEDERAL A | ASSISTANCE | | July 17, 2002 | | Region IX | | | | |
| 1. TYPE OF SUBMISSI | ION | | 3. DATE RECEIVED BY STATE | | State Application Identifier | | | | |
| Application | | Preapplication | | | | | | | |
| ☐ Construction ■ Non-Construction | | ☐ Construction ☐ Non-Construction | 4. DATE RECEIVED BY FEDER | AL AGENCY | Federal Identifier | | | | |
| 5. APPLICANT INFOR | MATION | | | | | | | | |
| Legal Name: City of We | et Hollywood | | Organizational Unit:; Rent Stabilization & Housing Department | | | | | | |
| Address (give city, county, state, and zip code): 8300 Santa Monica Blvd Wesz Hollywood, CA 90069 | | | Name and telephone number of the person to be contacted on matters involving this application (give area code). Allyne Winderman (323) 848-6524 | | | | | | |
| 6. EMPLOYER IDENTIFICATION (EIN): 95-3946633 | | | 7. TYPE OF APPLICAN A. State | H. Independent S | thool District | | | | |
| 8. TYPE OF APPLICATION: New Continuation Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration Other Specify: | | B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Internunicipal M. Profit Organization G. Special District N. Other (Specify): | | | | | | | |
| | | | 9. NAME OF FEDERAL AGENCY: Environmental Protection Agency | | | | | | |
| 10. CATALOG OF FED DOMESTIC ASSISTA | eral Ance number: 66 . 8 | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: | | | | | | |
| TITLE: Brownfields Cooperative Agreements | | Brownfields Project Area Gran | | | | | | | |
| 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): City of West Hollywood | | | | - 1 8 2002 | | | | | |
| 13. PROPOSED PROJEC | CT: | 14. CONGRESSIONAL DISTRICT OF: Representative Heary Waxman, 29th District | | STATE CL | EARING HOUSE | | | | |
| Start Date October 1, 2002 | End Date September 30, 2002 | a. Applicant: City of West Hollywood | _ | | b. Project East Side Brownfields Project | | | | |
| 15. Estimated Funding: | | | | DECT TO REVIEW | BY STATE EXECUTIVE ORDER | | | | |
| a. Federal | | \$ 200,000.00 | 12372 PROCESS? 2. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW OF | | | | | | |
| b. Applicant | | 2 | | | | | | | |
| c. State | | \$ | DATE July 17, 20 | 002 | | | | | |
| d. Local | | <u>s</u> | b. <u>N</u> O. | | | | | | |
| e. Other | | \$ | □ PROGRAM IS NOT □ OR PROGRAM HA | | O. 12372 ECTED BY STATE FOR REVIEW | | | | |
| f. Program Income | | \$ | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? | | | | | | |
| g. TOTAL \$ 200,000.00 | | ☐ Yes If "Yes" attach an explar | ration. | ✓ No_ | | | | | |
| DULY AUTH | T OF MY KNOWLEDG! IORIZED BY THE GOV E IS AWARDED. | E AND BELIEF. ALL DATA IN THIS APPL ERNING BODY OF THE APPLICANT AND | ICATION/PREAPPLICATION ARE THE APPLICANT WILL COMPLY | TRUE AND CORR WITH THE ATTA | ECT, THE DOCUMENT HAS BEEN CHED ASSURANCES IF THE | | | | |
| a. Typed Name of Authori | ized Representative: Paul | Arcvalo | b. Title: City Manager | | c. Telephone Number (323) 484-6427 | | | | |
| d. Signature of Authorized | l Representative | | | | e. Date Signed July 17, 2002 | | | | |
| evinus Editions Northabid | | | | | Standard Form (24A (REV 4.88) Prescribed by OMB Circular Asi62 | | | | |

AUTHORIZED FOR LOCAL REPRODUCTION

WELLNESS/CENTER

PART I - FACESHEET

| APPLICATION FOR FEDERAL ASSISTA | | | CTCTA | VICTE | 1. TYPE OF SU | BMISSION: | | · | | | | |
|---|------------------------------|---|--|--|--|---|--|---------------------|-----------|-------------------|-----------------|---|
| | | | 919 I AI | Application Non-Construction | | | | | | | | |
| 2. DATE SUBMITTED TO COP NATIONAL SERVICE (CNS): | PORATION FOR | 3. a. DATE RECEIVED D | BY STATE: | | 3.b. STATE AP | PLICATIONID | ENTIFIER | à. | | | | |
| July 17, 2002 | | 4. 2 DATE RECEIVED E | BY CNS: | 4.b. CNS GRANT NUMBER: 03-SRPCA-007 | | | | | | | | |
| 5. APPLICANT INFORMATION | Α | | | | | | | | | | | |
| LEGAL NAME: Mills-Peninsi ORGANIZATIONAL UNIT: R. | | | I T | NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): | | | | | | | | |
| ADDRESS (give street address, | city, county, state | and zip code): | | NAME: Debo | rah Owdom | | | | | | | |
| C/O The Wellness Center | • | | ₇ | TELEPHONE NUMBER: (650) 696 - 4407 | | | | | | | | |
| 100 So. San Mateo Drive | 00 So. San Mateo Drive | | P | PAX NUMBEI | r: (650) 696 | - 4179 | | | | | | ŀ |
| San Matco, CA 94401 | | | I. | NTERNÉT E | Mail addres | s: owdomd@ | Sutterhe | alth.org | | | | |
| G. EMPLOYER IDENTIFICATION NUMBER (EIN): | | 7 | 7. TYPE OF A | APPLICANT: (01 | tor appropriate | letter in bo | x) | N | | • | | |
| 19-4266 | 3 9 1 | 8 | | _ | | | C-b1 D | | | | | |
| 8. TYPE OF APPLICATION (C NIEW X REVISION If Revision, enter appropriate let | MOITAUMITMO | · · · · · · · · · · · · · · · · · · · | THE PROPERTY OF THE PROPERTY O | A. State B. County C. Municip D. Townsh E. Interstat F. Internut G. Special | ip :c nicipal | H. Independe I. State Com J. Private Ut K. Indian Tri L. Individual M. Prifit Org N. Private No | molled Insti niversity be snization | nnan ol T | | ming | | |
| A. Increase Award B. Decrease Award C. Increase Duration | | | O. Other (specify) | | | | | | | | | |
| D. Decrease Duration E. Other (specify): | | 9 | 9. NAME OF FEDERAL AGENCY: | | | | | | 1 | | | |
| | | | | Corporation for National Service | | | | | | | | |
| 10. CATALOG OF FEDERAL | DOMESTIC AS | SISTANCE NUMBER: | | 11. DESCRIPT | TVE TITLE OF | APPLICANT'S | PROJECT: | | | | | 7 |
| RSVP: 94.002 FGP: 94.011 | | | | - | The Retire | d & Seni | or Vol | unteer | Prog | ralm |) W | Ş |
| SCP: 94.016 Senior Demonstration: | 94,015 | 9 4 0 | 0 2 | | (| of San M | ateo C | III ty | <u> </u> | <u>L5 (</u> | <u> </u> | 5 |
| 12. AREAS AFFECTED BY I | | ties, Counties, States, etc.): | | · | | • | *************************************** | | | . 18 | 2002 | |
| 13, PROPOSED PROJECT: | START DATE: | 10-01-2002 | | END D | ATE: 09-30 | -2005 | | | | | INGL | <u> </u> |
| 14. ESTIMATED FUNDING: | | | 4.000 | | APPLICATION : DER 12372 PRO | | елем в : | SIAIL | EXECUI | 1 / 1 | | |
| a. FEDERAL | \$ | | 4,988 | d YES | S. THIS PREAP TO THE STA | PLICATION/AI | PPLICATIO VE ORDER | N WAS I 12372 PF | AADE A' | VAILABI | r iem on | I: |
| b. APPLICANT | \$ | 56 | 51,575 | l | | | | | | | | |
| c. STATE | s | | \$ 0 | | DATE July 1 | | | | | | | l |
| | | | | ъ. но | | AM IS NOT CO | | | | | _ | |
| 4 LOCAL | \$ | Province About Assessment | \$ 0 | | OR PRO | gram has N v | OT BEEN | SELECTE | TZ YG CI. | ATE FO | R. | |
| c, OTHER | \$ | | \$ 0 | 16. IST | 16. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? | | | | | | | |
| f. TOTAL | s | \$17 | 76,563 | | YES If "Yes | ," апаса за ехрі | lanation. | | X : | .10 | | |
| 17. TO THE BEST OF MY KI AUTHORIZED BY THE GOVER | NOWLEDGE AND NING BODY OF | BELIEF, ALL DATA IN THE APPLICANT AND THE | this applicat applicant wi | MON/PREAPPI TLL COMPLY | LICATION ARE WITH THE ATT | TRUE AND CO | 7.(0.00 11 1 | 1,0,10,00 | | as been Sawari | DED. | |
| 1 TYPED NAME OF AUTHO | rized represe | NTATIVE: | b. TITLE: | Per 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | ~ | | e. TELEP | | | | | |
| Maureen Dunn | | | Director | r, The W | ellness C | enter | 1 ' |) 696 | | | | _ |
| d. SIGNATURE OF AUTHOR | IZED REPRESEN | TATT∨E: | | | | | c. DATE | SIGNED: 17, 20 | | | | *************************************** |
| Mariem | | | | | | | July | 1/, 4 | | | | |
| Modified Standard Form | 424-NSSC (R | ev 4/01) | | | | | | | | | | |

| APPLICATION FOR | | | | · · · · · · · · · · · · · · · · · · · |
|---|--|--------------------|--|--|
| FEDERAL ASSISTANCE | CE | 2. DATE SUBMITTED | | Applicant Identifier |
| | and the state of t | 07/15/02 | | |
| Construction Non-Construction | feapplication Construction Non-Construction | 4. DATE RECEIVED B | | State Application Identifier Federal Identifier |
| 5. APPLIÇÂNT INFORMATION | | | | |
| Legal Name: | | | Organizational Unit: | |
| Merced County Assoc Address (hive city) county, State at 369 W. 18th Street Merced, CA 95340 | | 1 7 2002 | this application <i>(give a</i> Marjorie Kirn | (209) 723-3153 |
| 6. EMPLOYER IDENTIFICATION N | STATE CLE | ARING HOUSE | A. State | ANT: (enter appropriate letter in box) N H. Independent School Dist. |
| 8. TYPE OF APPLICATION: | | | B. County | State Controlled Institution of Higher Learning |
| ⊠ New | Continuation | Revision | C. Municipal | J. Private University |
| [V] IAGAA | | | D. Township | K. Indian Tribe |
| If Revision, enter appropriate letter(| (s) in box(es) | E. Interstate | L. Individual | |
| A towns Assert | ase Award C. Increase | Duration | F. Intermunicipal G. Special District | M. Profit Organization N. Other (Specify) Association of Governments |
| A. Increase Award B. Decrea D. Decrease Duration Other(specific points) | | e Duration | G. Special District | W. Other (Specify) Telegraphy of Barrens |
| D. Decrease Duration Offici(spi | oony). | | 9. NAME OF FEDERA | AL AGENCY: |
| | | | Environmenta | I Protection Agency |
| | | | | , |
| 10. CATALOG OF FEDERAL DON | MESTIC ASSISTANCE N | JMBER: | 11. DESCRIPTIVE TI | TLE OF APPLICANT'S PROJECT: |
| | [| 66-606 | Public Outrea | ich for the Partnership for |
| TITLE: Regional | Administrator | Grants | Integrated Pla | anning |
| 12. AREAS AFFECTED BY PROJ | | | - | · · |
| Merced Coun | | | | |
| | 4. CONGRESSIONAL DI | STRICTS OF: | 1 | |
| | . Applicant | | b. Project 18th District | |
| 08/01/02 06/30/04 15. ESTIMATED FUNDING: | 18th District | Juneau III. | | SUBJECT TO REVIEW BY STATE EXECUTIVE |
| 15. ESTIMATED FONDING. | | | ORDER 12372 PI | |
| a. Federal | B 0. | 0.000 | | |
| | | 0,000 | _ | APPLICATION/APPLICATION WAS MADE |
| b. Applicant | | , 00 | PROCESS | E TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON: |
| c. State | 5 | , | DATE 0 | 7/15/02 |
| d. Local | \$ | .00 | | AM IS NOT COVERED BY E. O. 12372 |
| e. Other | 5 | .00 | OR PRO | GRAM HAS NOT BEEN SELECTED BY STATE VIEW |
| f. Program Income | | .00 | 17. IS THE APPLICA | NT DELINQUENT ON ANY FEDERAL DEBT? |
| J. 7 - 7 / 1 | | 0,000 -** | , | attach an explanation. No |
| 18. TO THE BEST OF MY KNOWL DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF TH | UTHORIZED BY THE GO | OVERNING BODY OF T | CATION/PREAPPLICA HE APPLICANT AND T | TION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE |
| a. Type Name of Authorized Repre | sentative | b. Title | | c. Telephone Number |
| Jesse Brown | | Executive Director | Or | (209) 723-3153 |
| d. Signature of Authorized Reprose | egitative | | | e. Date Signed Standard Form 424 (Rev. 7-97) |
| Authorized for Local Reproduction | | | | Prescribed by OMB Circular A-102 |

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved OMB No. 1875-0106 Exp. 11/30/2004

Date: 7/01/02

| Applicant Information | | | - | Organizati | ional Unit | | • |
|--|--|-----------------|----------------------|----------------------------|---------------|--|--------------------|
| 1. Name and Address Legal Name: PIONEER HOM | OUTREACH, IN | VC. | | MENIT | יהפדאום | PROGRAMS | |
| Address: 315 W. Henders | on Avenue | | L | | OKTIVO | TROGRAMO | |
| P.O. Box 8151 | | | | | | | _ |
| Porterville | | CA ' | TULA | ਰਾ | (| 93258 | • |
| City | | | County | IVE | | ZIP Code + 4 | |
| 2. Applicant's D-U-N-S Number [8 4 1] | 9 6 4 9 8 4 | 6. Novice | Applicar | nt X Yes | No | | |
| 3. Applicant's T-I-N 7 7 - 0 2 5 3 | 3 1 4 2 | | | delinquent o an explana | | eral debt?Yes _x_No | |
| 4. Catalog of Federal Domestic Assistance #: 84 | <u>.1 8 4 B </u> | (4) 105, | , | · un · corporation | | | |
| Title: PROGRAM DIRECTOR | ALC MARKET IN THE COLUMN TO TH | 8. Type of | Applica | nt (Enter ap | ppropriate | letter in the box.) J | |
| 5. Project Director: CLARENCE OG | ANS | | ocal pecial Dis | G-P | ublic Colle | School District ge or University Ion-profit College or | |
| Address: P.O. Box 8151 | | Unive D - In | ersity ıdian Tril | be I-Ne | on-profit O | rganization | |
| Porterville CA | 93258 | E - Inc | dividual | J - Pr | ivate, Profit | t-Making Organization | V E M |
| City State | Zip code + 4 | K-O | ther (Spe | | | | |
| Tel. #: (559) 781 - 8585 Fax #: (5 | 1. 1. 1. 1. | | | in interest | G * | 17 | 2002 世 |
| E-Mail Address: Pioneer @ oc | esnet.net | | | t erg | | | į |
| Application Information | | •• | | ar ja aja | | human Anjects plasmed at | NG HOUSE |
| 9. Type of Submission: -PreApplication -Application | | any tu | ıme aunı | ng the propo | osed projec | t period? | <u>, 10 11000L</u> |
| Construction Construction X Non-Const | | Y | es (Go t | to 12a.) | No (Go | to item 13.) | ,4 4-4 |
| 10. Is application subject to review by Executive X Yes (Date made available to the Executive process for review): 07/01/ | : Order 12372 process? utive Order 12372 | | exempt | from the re | gulations? | proposed designated to be | _ |
| | | N | No (Provi | ide Assuran | nce #): | | |
| No (If "No," check appropriate box legación program is not covered by Program has not been sele | E.O. 12372. | 13. Descrip | ptive Tit | le of Applic | cant's Proje | ect: | |
| | | <u>Reac</u> | hing | Out: | <u>350 P</u> | lus Club | _ |
| 11. Proposed Project Dates: 10 /01 /2002 Start Date: | 09/30/2005 End Date: | "Edu | cati | onal I | Prepar | ation" | |
| Estimated Funding | Authorized Repres 15. To the best of my kn | | | | preapplicat | ion/application are true | |
| \$ 150,000 .00 | and correct. The do | cument has been | a duly au | thorized by | the govern | ning body of the applicant | |
| 5. Applicant 560 | , T. T. T. | | | | | ssistance is awarded. | |
| State \$00 | a. Authorized Representa | ` | • | nt name cle | arly.) | | |
| 1. Local \$ | <u>Geraldine</u> | | | | | | _ |
| • Other \$00 | b. Title: Execut | | | | . = - | 0100 | ***** |
| . Program Income \$00 | c. Tel. #: (559) 78 | | | | | - 0183 | • |
| * TOTAL | d. E-Mail Address: P | | | 77 | | 0.0 | - |
| g. TOTAL \$ 150,000 .00 | e. Signature of Authori | zed Kepresenta | itive 🔀 | Jeral | ldene | ,U. Ugana | |

| ACATION FOR | same of the | | | II) E @ GOMBAR | prov <u>aj No₋0346</u> -0043 |
|---|--|---|---|---|---|
| FEDERAL ASSISTANCE | \$1 \\ \frac{1}{2} \\ | 2. DATE SUBMITTED | | Applicant Bendiner G U U | |
| | | July 3, | | | |
| 1. TYPE OF SUBMISSION: | | 3. DATE RECEIVED BY | STATE | State Application Identifier 20 | |
| | pplication Construction | 4. DATE RECEIVED BY | FEDERAL AGENCY | Federa Identifier | |
| | Non-Construction | | | | |
| 5. APPLICANT INFORMATION | | | | STATE CLEARING | HOUSE |
| Legal Name: Sonoma County | | | Organizational Unit: Permit and Re | source Management | Department |
| Address (give city, county, State, and z | zin code): | | | umber of person to be contacted | |
| 2550 Ventura Ave. Santa Rosa, Ca. 95403 | | | this application (give area code) Ted Walker, Project Manager | | |
| 6. EMPLOYER IDENTIFICATION NUM | MRER (FINI): | | 707-565-1695 | NT: (enter appropriate letter in b | |
| 9 4 - 2 8 7 5 2 | 3 3 | | | • | B |
| | | | ~ | H. Independent School Dist. | · · · · · · · · · · · · · · · · · · · |
| 8. TYPE OF APPLICATION: | | | B. County C. Münicipal | State Controlled Institution of J. Private University | Higher Learning |
| New | Continuation | ✓ Revision | D. Township | K. Indian Tribe | |
| If Revision, enter appropriate letter(s) is | in box(es) | C | E. Interstate | L. Individual | |
| | | Duration : | F. Intermunicipal G. Special District | M. Profit Organization N. Other (Specify) | |
| A. Increase Award B. Decrease D. Decrease Duration Other(specif | | Duration | G. Special District | N. Other (Specify) | |
| B. Bookoaco Baraken Barokoposan | .,,, | | 9. NAME OF FEDERA | L AGENCY: | |
| | | ······································ | USDA Rural Deve | elopment Service | |
| 10. CATALOG OF FEDERAL DOMES | STIC ASSISTANCE NU | MBER: | 11. DESCRIPTIVE TIT | LE OF APPLICANT'S PROJEC | T; |
| | | 10-760 | Construct a new p | oublic sewer collection, tr | eatment, and |
| TITLE: Water & Waste D | ∟ : Nenosal Loan and | Grant | | or the Community of Mon | |
| 12. AREAS AFFECTED BY PROJEC | | | Remove all non-c | ode compliant septic tanl the service district. Proje | s and ect will restore |
| Monte Rio, Sonoma County, C | | · | Russian River Wa | ater Quality and Recreation | onal Beach. |
| | CONGRESSIONAL DIS | TDICTE OF. | | | |
| 13. PROPOSED PROJECT 14. 0 | CONGRESSIONAL DIS | TRICIS OF. | | | |
| 1 | pplicant | | b. Project | | |
| 7/3/02 12/5/02 | Sonoma Cou | nty, PRMD | | Rio Community Sewer Pr SUBJECT TO REVIEW BY STA | |
| 15. ESTIMATED FUNDING: | | | ORDER 12372 PR | | ATE EXECUTIVE |
| a. Federal \$ | | .00 | | | |
| | 5 | 0,000,000 | a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 | | |
| b. Applicant \$ | | | 1 | FOR REVIEW ON: | JRUER 12372 |
| c. State \$ | 3 | ,500,000 | DATE | 07/10/02 | |
| d. Local \$ | 2 | ,425,000 | | M IS NOT COVERED BY E. O. | |
| e. Other \$ | | - 00 | OR PROGRAM HAS NOT BEEN SELECTED BY STA | | FED BY STATE |
| f. Program income \$ | | .00 | | | EDAL BEDTO |
| a TOTAL \$ | | 00 | 1 | IT DELINQUENT ON ANY FED | |
| 3 | | ,925,000 | - | attach an explanation. | ☑ No |
| 18. TO THE BEST OF MY KNOWLED DOCUMENT HAS BEEN DULY AUT | DGE AND BELIEF, ALL THORIZED BY THE GO | _ DATA IN THIS APPLIC VERNING BODY OF TH | CATION/PREAPPLICAT IE APPLICANT AND TH | ION ARE TRUE AND CORRECTED APPLICANT WILL COMPLY | T, THE WITH THE |
| ATTACHED ASSURANCES IF THE | ASSISTANCE IS AWA | RDED. | | | |
| a. Type Name of Authorized Represer | ntative } | b. Title Director, Sonoma (| County PRMD | c. Telephone Number (707) 565-1925 | |
| Pete Parkinson d. Signature of Authorized Representa | / ative | Director, Contonia | oung into | e. Date Signed | |
| | 18 | | | July 9, 2002 | _ |

Previous Edition Usable

Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

| July 9, 20 | | 02 | n OCS 0 25-10 | £ n | | |
|---|-----------------------------|---------------------|---|---------------------------------------|------------------------|--|
| 1. TYPE OF SUBMISSION: | | 3. DATE RECEIVED B | | State Application Identifier | | |
| Application | Preapplication | O. DATE NEOLIVED B | IOIAIL | | .no | |
| Construction | Construction | 4. DATE RECEIVED B | Y FEDERAL AGENCY | Eederal Identifier | | |
| ☑ Non-Construction | Non-Construction | | | | | |
| 5. APPLICANT INFORMATION | | | | 1 | LAUAF | |
| Legal Name: The East Los Ar | ngeles Communi | ty Union | Organizational Unit: | STELACU AKING | HOUSE | |
| Address (give city, county, State | | | Name and telephone | number of person to be contact | ed on matters involvin | |
| 5400 East Olymp | oic Boulevard | | | this application (give area code) | | |
| Los Angeles, CA Los Angeles Cou | unty | | Jose Vill | lalobos 323-7 | 21-1655 | |
| 6. EMPLOYER IDENTIFICATIO | | 7. TYPE OF APPLICA | ANT: (enter appropriate letter in | box) | | |
| 9 5 - 2 5 5 4 | 2 5 6 | | | | N | |
| 8. TYPE OF APPLICATION: | | A. State B. County | H. Independent School Dist. | | | |
| | m | C. Municipal | State Controlled Institution of J. Private University | ir Higher Learning | | |
| ☐ New ☐ Continuation ☐ Revision | | | D. Township | K. Indian Tribe | | |
| If Revision, enter appropriate lett | er(s) in box(es) | | E. Interstate | L. Individual | | |
| | L | | F. Intermunicipal | M. Profit Organization | | |
| f | rease Award C. Increase | Duration | G. Special District | N. Other (Specify) Non-P | rofit . | |
| D. Decrease Duration Other(| specify): | | | | rporation | |
| * | | | 9. NAME OF FEDERA | AL AGENCY: | | |
| | | | DHHS-A | ACF/OCS | | |
| 10. CATALOG OF FEDERAL DO | OMESTIC ASSISTANCE NU | | 11. DESCRIPTIVE TIT | TLE OF APPLICANT'S PROJE | CT: | |
| aana ni | | 9 3 — 5 7 0 | Expar | nsion of SOL Tr | anslation | |
| TITLE: บริธีลัก 🥻 หั | scretionary Aviral Economic | Development | Services | , LLC to creat | e 100 | |
| 12. AREAS AFFECTED BY PRO | | | new jobs. | | | |
| Los Angeles County | | | Priority | Priority Area l (OP) | | |
| 13. PROPOSED PROJECT | 14. CONGRESSIONAL DIS | TRICTS OF: | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| Start Date Ending Date 9/30/05 | a. Applicant 25, 29., | 30 | b. Project | 29 | | |
| 15. ESTIMATED FUNDING: | 23,23, | | 40 IO ADDI IOATION | | | |
| 15. ESTIMATED FUNDING; | | | ORDER 12372 PR | SUBJECT TO REVIEW BY ST OCESS? | ATE EXECUTIVE | |
| a. Federal | \$ 700,000 | 00 | 1 | | | |
| | |). | a. YES. THIS PREA | PPLICATION/APPLICATION V | VAS MADE | |
| b. Applicant | \$ 700,000 | | | TO THE STATE EXECUTIVE FOR REVIEW ON: | ORDER 12372 | |
| c. State | \$ | .00 | DATE _,T1: | ily 9, 2002 | | |
| d. Local | \$ | , OG | | .M IS NOT COVERED BY E. O. | 40070 | |
| e. Other | \$ | , OG | ☐ OR PROG | GRAM HAS NOT BEEN SELEC | | |
| F P*4 | | 00 | FOR REV | IEW | | |
| f. Program Income | \$ | * | 17. IS THE APPLICAN | IT DELINQUENT ON ANY FEE | DERAL DEBT? | |
| g. TOTAL | \$ 1,400,000 | ,00 | Yes If "Yes," a | attach an explanation. | ☑ No | |
| 18. TO THE BEST OF MY KNOW | VLEDGE AND BELIEF, ALL | DATA IN THIS APPLIC | ATION/PREAPPLICAT | ION ARE TRUE AND CORREC | OT, THE | |
| DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T | AUTHORIZED BY THE GOV | ERNING BODY OF THE | E APPLICANT AND TH | IE APPLICANT WILL COMPLY | (WITH THE | |
| a. Type Name of Authorized Repr | resentative | b. Title | | c. Telephone Number | | |
| Jose Villalobo | | Sr. Vice | President | 323-721-1655 | | |
| d. Signature of Authorized Repres | // | | | e. Date Signed | | |
| Previous Edition Usable | | | | July 9, 2002 | /B = AB' | |

| APPLICATION FOR | | | | OMB Approval No. 034 | 3-0043 |
|---|---|---|--------------------------------------|--|-------------|
| FEDERAL ASSISTA | NCE | 2. DATE SUBMITTED | | | |
| | | July 9, | 2002 | 1165 | |
| 1. TYPE OF SUBMISSION: | | 3. DATE RECEIVED B | Y STATE | Brate Application Identifier 6 2002 | |
| Application | Preapplication | | | | |
| Construction | Construction | 4. DATE RECEIVED B | Y FEDERAL AGEN | Y Federal Identifier | |
| Non-Construction 5. APPLICANT INFORMATION | Non-Construction | | | STATE CI FARING LICEOP | |
| egal Name: Greater | Golden Hill C | ommunity | Organizational Un | | |
| | ent Corporati | | 3 | | |
| Address (give city, county, State, | | | | one number of person to be contacted on matters in | volving |
| 2469 Broadway San Diego, CA | 92102 San | Diego County | this application <i>(gi</i> Y Arlene | e Hamlin 619-696-9992 | |
| 6. EMPLOYER IDENTIFICATIO | N NUMBER (EIN): | | 7. TYPE OF APP | LICANT: (enter appropriate letter in box) | |
| ······································ | 7 9 4 0 | | | N | |
| | | | A. State | H. Independent School Dist. | |
| 8. TYPE OF APPLICATION: | | | B. County | I. State Controlled Institution of Higher Learnin | ıg |
| N Nev | v Continuation | Revision | C. Municipal | J. Private University K. Indian Tribe | |
| | | | D. Township E. Interstate | L. Individual | - |
| If Revision, enter appropriate lett | er(s) in box(es) | | F, Intermunicipa | | |
| A increase Award R Dec | crease Award C. Increas | se Duration | G. Special Distri | | |
| A. increase Award B. Dec D. Decrease Duration Other(| | o palation | Community | Development Corp. | |
| D. Decrease Daration Other | эрсону). | | 9. NAME OF FED | ERAL AGENCY: | $\neg \neg$ |
| | | | | • | ļ |
| | | | DHHS-AC | OF/OCS | |
| 40 OATALOG OF FEDERAL O | OMERTIC ARRICTANCE N | HIMDED. | 11 DESCRIPTIVI | E TITLE OF APPLICANT'S PROJECT: | - |
| 10. CATALOG OF FEDERAL D | OMESTIC ASSISTANCE N | | 1 m | ate the Golden Care Work | fork |
| | | 9 3 5 7 0 | To crea | ite and create 96 jobs i | n |
| TITLE: CSRG-CO | mmunity Servi | ces Disc. | Institu | Ite and create Jo Jobs I | 11 |
| 12. AREAS AFFECTED BY PR | | | - the Hor | me Health Care field. | 1 |
| San Diego Cit | • | | Priori | ty Area l (Operational) | |
| 13. PROPOSED PROJECT | 14. CONGRESSIONAL D | ISTRICTS OF: | | | |
| Start Date Ending Date 9/30/02 9/30/05 | a. Applicant | 49 | b. Project | 49,50 | |
| 15. ESTIMATED FUNDING: | | | l . | ION SUBJECT TO REVIEW BY STATE EXECUTI | VE |
| | | | ORDER 1237 | 2 PROCESS? | |
| a. Federal | \$ 331 | ,000 | VEC THIS E | PREAPPLICATION/APPLICATION WAS MADE | |
| 1. A I | | 00 | | ABLE TO THE STATE EXECUTIVE ORDER 12372 | : |
| b. Applicant | 341 | ,000 | | ESS FOR REVIEW ON: | l |
| c. State | \$ | OC . | | 7/7/02 | |
| d. Local | \$ | .00 | | , | |
| | | 00 | | OGRAM IS NOT COVERED BY E. O. 12372 | _ |
| e. Other | \$ | .00 | | PROGRAM HAS NOT BEEN SELECTED BY STAT REVIEW | |
| f. Program Income | \$ | 00 | | | |
| rogium moonio | * | - | 17. IS THE APPL | ICANT DELINQUENT ON ANY FEDERAL DEBT? | , |
| g. TOTAL | \$ | 00 | ┥ | es," attach an explanation. | |
| | 672 | ,000 | | E-A | |
| 18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DUL | WLEDGE AND BELIEF, A Y AUTHORIZED BY THE G | LL DATA IN THIS APPLI OVERNING BODY OF T | ICATION/PREAPPL HE APPLICANT AN | ICATION ARE TRUE AND CORRECT, THE ID THE APPLICANT WILL COMPLY WITH THE | |
| ATTACHED ASSURANCES IF | | | | | |
| a. Type Name of Authorized Re | presentative | b. Title | | c. Telephone Number 619-696-9992 | |
| Arlene Hamlin | | Executive | Director | | |
| d. Signature of Authorized Repr | | 0 0 | | e. Date Signed 7/9/02 | |
| | Alme CNC | nella | | Standard Form 424 (Rev. 7-97) | 1 (0 |
| Previous Edition Usable | | | | Standard Form 424 (Rev. 1-91) | |

| ή: | | FAX NO. :2099 | 9378260 | <u>ul. 16 2002 11:35AM P1</u> |
|--|--|--|------------------------------------|--|
| | | | | OMB Approval NG CHB CCM3 |
| APPLICATION FOR | | a pare numarity | (EO | |
| FEDERAL ASSISTA | ANCE | July 16 | ູ້ 2002 | 16 2002 L |
| 1. TYPE OF SUBMISSION: | | 3. DATE RECEIVE | | State Application Identifier |
| Application | Preapplication | | | STATE CLEARING HOUSE |
| Construction | Construction | 4 DATE RECEIVE | D BY FEDERAL AGENCY | Redotdi Ideminet / I / I / O / I / O O C |
| Non-Construction | Non-Construction | | 70 | and different at the national Attention of the State of the National Attention of the State of t |
| 5. APPLICANT INFORMATIO Legal Name: City | of Stocktor |) | Organizational Unit: | Parks & Recreation Department |
| Address (give city, county, Sta | | | Name and telephone | number of person to be contacted on matters involving |
| 6 E. | Lindsay Street Joaquin, CA 95202- | 1997 | this application (give of Christin | ne Tien, Interim Director (209) 937-8373 |
| 6. EMPLOYER IDENTIFICATI | ON NUMBER (EIN) | | 7, TYPE OF APPLIC | ANT; leater appropriate latter in box) |
| 94 600 | 0 4 3 6 | | A State | H Independent School Olst. |
| a TYPE OF APPLICATION: | | | B. County | Independent School One: State Controlled Institution of Higher Learning |
| 8, TYPE OF APPLICATION: | ew (") Continuation | ☐ Revision | C Municipal | J Private University |
| ha;u* | | | D. Township | K. Indian Tribe |
| il Revision, enter appropriete t | etter(s) in box(ns) | | E. Interstate F. Intermobicipal | t. Individual M. Profit Organization |
| A, increase Award B. D | ecrassa Award C Incre | asa Daration | G Special District | N Other (Spacify) |
| 71. 77.07 74.07 7 | at(specify) | | | and the state of t |
| | | | | MAL AGENCY: 1443 |
| ************************************** | what is a more of the second o | | National F | ark Service |
| 10. CATALOG OF FEDERAL | DOMESTIC ASSISTANCE | NUMBER: | 11. DESCRIPTIVE T | TILE OF APPLICANT'S PROJECT: |
| I CATALOG OF TEDETORE | Broker Training | 1 5 9 | | ON PARK REHABILITATION PROJECT |
| | amb and Bookoots | | increasing recre | ational opportunities and community partner |
| TITLE: UTDAN P | ark and Recreati | States atc.) | ships that streng | gthen community image, safety and security g economic and family development through |
| _ | Stockton | region, con y | the rehabilitation | n of a community's park as the social center he Gleason Park Neighborhood. |
| 13. PROPOSED PROJECT | 14. CONGRESSIONAL | DISTRICTS OF: | | |
| Stan Date Ending Date by March 2003 by January 20 | ide a. Applicant | | b Project 11 | |
| 15. ESTIMATED FUNDING: | | | | N SUBJECT TO REVIEW BY STATE EXECUTIVE |
| a. Federal | 1: 4 000 0 | | GRDER 12372 F | PROCESS? |
| a. Fadelar | 1,000,0 | UU | a YES THIS PRE | EAPPLICATION/APPLICATION WAS MADE |
| b. Applicant | 3 428,5 | | | LE TO THE STATE EXECUTIVE DRDER 12372 IS FOR REVIEW ON: |
| c. Sigle | 1 720,0 | · · · · · · · · · · · · · · · · · · · | | uly 16, 2002 |
| d Local | \$ management of hard or hill are one management of const. Vivo or | [h; | | South The State of the Control of th |
| e Other | Z | Projection of the second secon | | RAM IS NOT COVERED BY E. O. 12372 OGRAM HAS NOT BEEN SELECTED BY STATE |
| | | 705 | FOR RE | ENIEM |
| I. Program Income | 5 | 16 7 | At 10 THE ADDITO | ANT DELINOMENT ON ANY EPREDAL DEDTO |
| a. TOTAL | 8 4 400 | | | ANT DELINQUENT ON ANY FEDERAL DEBT? |
| dr | <u> 1,428,</u> | | | " attach an explanation. No |
| | | | | ATION ARE TRUE AND CORRECT, THE |
| ATTACHED ASSURANCES | | | OF THE APPLICANT AND | THE APPLICANT WILL COMPLY WITH THE |
| a Type Name of Authorized A Gary A. Poc | opieseniemo | Da 73-1 | ayor | c Telephone Number (209) 937-8499 |
| } | Principality | · | | ^{e Date Signed} July 16, 2002 |
| Palvio Edition Usable | Combination Commission and Apply 1812 1812 1812 1812 1813 Commission Control of Commission Control of Commission Control of Control | | | Slandard Form 424 (Rev. 7-97) |
| Authorized for Local Coroduc | dlan | | | Prescribed by OMB Circular A-102 |

| | | | | | OMB Approval No. 0348-0043 |
|-----------------------------|----------------------------|--------------------------|--------------------------|--------------------------------|---|
| | | | | TAD | opticant Panticer R. P. B. N. V. E. D. |
| PLICATION FO | OR | 2. DATE SUBMIT | TED. | | |
| DERAL ASSIS | TANCE | 07/05/ 3. DATE RECEIV | ED BY STA | re St | tate Application Identifier |
| YPE OF SUBMISSION: | Prespolication | | | | adara Liddra Jul 16 2002 |
| a motication | Construction | 4. DATE RECEN | CEO BY FEC | SERAL AGENCY FE | ederal Iddriff |
| Construction | Non-Constructi | | | | |
| XXNon-Construction | <u> </u> | | | Organizational Unit | DEPARTMENT E CLEARING HOUSE |
| PPLICANT INFORMATION | | |] | SHERIFF'S D | EPARTMENT |
| COUNTY OF LOS | angeles | | | Name and telephone | e number of the person to |
| dress (give city, county, s | tate, and zip code)! | | | this application (give | MANA CER |
| | | | | JUDY TORKE | S, GRANTS UNIT PHANACENT S COUNTY SHERIFF'S DEPARTMENT |
| 4700 RAMONA BO | . CA 91754- | -2169 | | (323) 526- | 5143 |
| MONTEREY PARK | , 0 | | | (323) | (-oter appropriate letter in box) |
| | THE SO LEWY | | | • | H. Independent School Olst. |
| EMPLOYER IDENTIFICATI | ON NUMBER (CITY) | | 7 | A, State B, County | Independent Sale Institution of Higher Learning State Controlled Institution of Higher Learning |
| 9 5 | _ 6 0 | 0 0 1 9 1 2 | | C. Municipal | J. Private University K. Indian Tribe |
| TYPE OF APPLICATION | | Ŧ | | D. Township | 1 Individual |
| 1 TABEOL W. Agreemen | D wan XX | Continuation | Revision | E. Interstate F. Intermunicipa | M. Profit Organization - |
| | | | | G. Special Dist | strict N. Other (Specity): |
| Il Revision, enter approp | riate tener(s) in box(es): | ard C. Increase C | วกเสถือน | | |
| A Increase Award | B. Decrease A | ard C. Increase C | | 9. NAME OF FEOE | PACADE OF |
| D. Decrease Durati | on Other (specify): | | | US DEPART | MENT OF JUSTICE |
| | | | _ <u>-`</u> | | TITLE OF APPLICANT'S PROJECT: |
| | TALLES BY | 1 6 7 | 1 0 |) 11, DESCRIPTIVE | PARTHENSION |
| 10. CATALOG OF FEDER | | | | THE TOTAL | ENSITY CRIMINAL ALIEN APPREHENSION |
| | 003 | MINAL ALIEN | | | |
| 1 000 F | HINDION COM | | HICAA | TIS DEPAR! | TMENT OF 30032201 |
| 12. AREAS AFFECTED | Y PROJECT (cilies, count | es, states, etc.): | CTTLE | S, FISCAL Y | EAR: 07/01/00 10 00/00/ |
| | COUNTER THE | = | C, 22 | | |
| AND UNINCOR | PORATED AREA | 5 | | | |
| | | 4. CONGRESSIONAL DIS | TRICTS OF | | b. Project |
| 13. PROPOSED PROJE | <u> </u> | L Applicant | | | · · |
| Start Date | Ending Date | | 37. 4 | 1 | 24 THROUGH 37: 41 |
| 01/01/01 | 12/31/01 | 24 THROUGH | 31, 4. | TION SUBJECT TO BEV | NEW BY STATE EXECUTIVE ORDER 12372 PROCESS? |
| 15, ESTIMATED FUND | | | IS APPLICA | THIS BREAPPLICAT | TION/APPLICATION WAS MADE AVAILABLE TO THE CORDER 12372 PROCESS FOR REVIEW ON: |
| | 1 | | a, YES | STATE EXECUTIVE | CONDER 12372 PROCESS FOR REVIEW ON: |
| a. Federal | \$ 2,299,98 | 3 | | | |
| b. Applicant | \$ | .00 | | DATE | |
| D. 149 | | .00 | | _ | S NOT COVERED BY E.O. 12372 |
| c. State | \$ | | ь ис | PROGRAMIS | S NOT COVERED DIT TO BE REVIEW |
| | | .00 | | TXK OR PROGRA | AM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |
| d. Local | 5 | | | 13.0, | |
| | | .00 | 1 | | |
| e. Other | \\$ | | | CANT DELINOUE | ENT ON ANY FEDERAL DEBT? |
| 10000 | e s | .00 | 17. ISTH | | · Pu IIV |
| I, Program Incom | | | \exists | Yes II Yes, attack | th an explanation. |
| g. TOTAL | \$ 2,299,9 | · .eo | · L | | |
| 8- 10 tvc | 2,2331 | | | NUMBER PLICATION A | RETRUE AND CORRECT, THE DOCUMENT HAS |
| TO THE REST | OF MY KNOWLEDGE AN | BELIEF, ALL DATA IN THIS | E APPLICAL LE APPLICA | MI MILL COMPLY WITH | RETRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED C. Tolephone number (323) 526-5000 |
| A ITHORIZED BY | INE COLD TIME | | | I b. Title | TOS ANGELES (SZS) |
| a Typed Name | of Authorized Represer | Istivo- | 100 | SHERIF | e. Date Signer |
| T.FROY I |). <u>BACA</u> | | 7 | | 6/7/0 |
| n Signature of | Authorized Representa | ivo / | ″ | Kaca | (OEV) |
| | | | <u></u> | XIVCa | Standard Form 424 Prescribed by OMB Circular A |
| 1 | | | | | |

| SAN BRDNO C | D REG PARKS FOX 2009-387-205 2 | Jul 16 2002 8:49 | P.02 | |
|---|---|--|--|--|
| APPLICATION FOI FEDERAL ASSISTA | | 2 DATE SUBMITTED | Applicant Identifier | |
| 1. TYPE OF SUBMISSION | STATE CLEARING HO | DUSE | State Application Identifier | |
| Application | Preapplication Construction | 4. DATE RECEIVED BY FEDERAL AGENCY | Fodorul [dentifier | |
| Construction Non-Construction | □ Non-Construction | | | |
| 5. APPLICANT INFORMATION | | | D. A. Di. Ida | |
| Legal Name: San Bernardine County | | Organizational Unit: Dept. of Public Works, Regional | Parks Division | |
| Address (give city, county, state, and zip | | Name and telephone number of the person to be contrapplication (give area code): Maureen Snelgrove (9) | rted on matters involving this 1993 87-2591 | |
| 6. EMPLOYER IDENTIFICATION (E 95 - 6002748 | IN): | 7. TYPE OF APPLICANT: (enter appropriate of the control of the con | School District | |
| B. TYPE OF APPLICATION: New Continuation If Revision, enter appropriate letter(s) A. Increase Award B. C. Increase Duration D. | □ Revision n box(es): □ □ Decresse Award Decresse Duration | B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township E. Interstate L. Individual F. Intermunicipal G. Special District N. Other (Specify): | | |
| Other Specify: | | 9. NAME OF REDERAL AGENCY: U.S. Environmental Protection Agency | | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBI TITLE: Brownfields Coop. | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Cooley Ranch Brownfield Redevelopment | | |
| 12. AREAS AFFECTED BY PROJEC | | | | |
| 13. PROPOSED PROJECT: Brownfields | 14. CONGRESSIONAL DISTRICT OF: 42 - (Joe Becn) | | | |
| Start Date End I 11/02 1/04 | | | b. Project | |
| 15. Estimated Funding: | | 16. IS APPLICATION SUBJECT TO REVI | EW BY STATE EXECUTIVE ORDER | |
| a. Fedoral | \$ 200,000,00 | VES THIS PREAPPLICATION/APPL | ICATION WAS MADE AVAILABLE | |
| b. Applicant | | TO THE STATE EXECUTIVE ORDER | 1 12372 PROCESSES FOR REVIEW | |
| c. State | | DATE July 16, 2002 | | |
| d. Local | \$ | b. NO. □ PROGRAM IS NOT COVERED BY | / E.O. 12372 | |
| s. Other | S . | □ OR PROGRAM HAS NOT BEEN S | ELECTED BY STATE FOR REVIEW | |
| f. Pregram Income | <u>s</u> | 17. IS THE APPLICANT DELINQUENT ON ANY | FEDERAL DEBT? | |
| g. TOTAL | \$ 200,000,00 | Yes If "Yes" attach an explanation. | | |
| 19. TO THE BEST OF MY I BEEN DULY AUTHORI THE ASSISTANCE IS A | SED BA THE GOAEKNING ROD! OF THE WALLEY | PPLICATION/PREAPPLICATION ARE TRUE AND CO CAN'T AND THE APPLICANT WILL COMPLY WITH I | THE ATTACHED ASSURANCES IF | |
| a. Typed Name of Authorized Repres | | b. Title Chief of Regional Parl | c. Telephone Number (909) 387-2591 | |
| d. Signature of Authorized Represen | 10404 | < | c. Date Signed | |
| Previous Faitions Not Usable | | | Standard Form 424A (REV 4-88) | |

| APPLICATION FOR | | | | Application of the state of the |
|---|-------------------------------|--|--|--|
| FEDERAL ASSISTAN | ICE | 2. DATE SUBMITTED July12, 20 | 002 | Appligation of the state of the |
| 1. TYPE OF SUBMISSION: | | 3. DATE RECEIVED BY | STATE | Sale Application Identifie 6 2002 |
| Application Construction | Preapplication Construction | 4. DATE RECEIVED BY | FEDERAL AGENCY | Federal dentifier |
| X Non-Construction | Non-Construction | 7, 57, 12, 712, 712, 712, 712, 712, 712, 712 | | STATE CLEARING HOUSE |
| 5. APPLICANT INFORMATION | | | lo de de al linite | OTATE CELANING HOUSE |
| Legal Name: | ANG TNOODDOD? | aren | Organizational Unit: | |
| RUBICON PROGR. | AMS INCURPORE and zio code): | VI DU | Name and telephone r | number of person to be contacted on matters involving |
| Address-(give city, county, State, 2500 Bissell A | venue | | this application (give a | |
| Richmond, CA 9 Contra Costa C | 4804 ounty | | Jane Fisc | hberg (510) 231-3987 |
| | | | 7 TYPE OF APPLICA | ANT: (enter appropriate letter in box) |
| 6. EMPLOYER IDENTIFICATION | 1 7 | | | N |
| 94 - 2 3 0 1 | <u> </u> | | A. State | H. Independent School Dist. |
| 8. TYPE OF APPLICATION: | | | B. County | I. State Controlled Institution of Higher Learning J. Private University |
| X New | Continuation | Revision | C. Municipal D. Township | K, Indian Tribe |
| If Revision, enter appropriate letter | er(s) in box(es) | | E. Interstate | L. Individual |
| in reconsion, ciner appropriate | |] [] | F. Intermunicipal | M. Profit Organization |
| 7 (, morozado / maro | rease Award C. Increas | e Duration | G. Special District | N. Other (Specify) Non-Profit Development Corporation |
| D. Decrease Duration Other(s | pecify): | | 9. NAME OF FEDER | |
| | | | | Y STANDARD |
| | | | DHHS - A | CF/OCS |
| 10. CATALOG OF FEDERAL DO | OMESTIC ASSISTANCE N | UMBER: | 11. DESCRIPTIVE TI | TLE OF APPLICANT'S PROJECT: |
| | √ | 9 3 - 5 7 0 | Rubicon | Urgent/Emergent Care |
| CSBG TITLE COMMUNITY | ECONOMIC DEVELO | OPMENT AWARDS | | |
| 12. AREAS AFFECTED BY PRO | | | Specia | lized home health care e business |
| Richmond, Cont | | | | Priority Area 1 (OP) |
| | 14. CONGRESSIONAL D | ····· | | Priority area 1 (or) |
| 13. PROPOSED PROJECT | 14. CONGRESSIONAL D | George | Miller (7t | h) |
| Start Date Ending Date | a. Applicant CA 7th | | b. Project CA | 7th & 10th |
| 11/1/02 9/30/03 | LA / CII | | | N SUBJECT TO REVIEW BY STATE EXECUTIVE |
| 15. ESTIMATED FUNDING: \$349,999 | | | ORDER 12372 P | I |
| a. Federal | \$ | .00 | | |
| ocs | 349,999 | | | EAPPLICATION/APPLICATION WAS MADE |
| b. Applicant | \$ | 00 | | LE TO THE STATE EXECUTIVE ORDER 12372 S FOR REVIEW ON: |
| c. State | \$ | 00 | | |
| c. State | | | DATE _ | 7 /10 /02 |
| d. Local | \$ | OO | h No. El PROGI | RAM IS NOT COVERED BY E. O. 12372 |
| e. Other | S | 00 | □ OR PR | OGRAM HAS NOT BEEN SELECTED BY STATE |
| line of credit | 350,000 | | FOR R | EVIEW |
| f. Program Income | s | 00 | | TO A ALM PERSON ALDERTS |
| | | 60 | | ANT DELINQUENT ON ANY FEDERAL DEBT? |
| g. TOTAL | \$ 699,999 | • | The second secon | ," attach an explanation. |
| 18. TO THE BEST OF MY KNO | WLEDGE AND BELIEF, A | LL DATA IN THIS APPL | ICATION/PREAPPLIC | ATION ARE TRUE AND CORRECT, THE |
| DOCUMENT HAS BEEN DULY | Y AUTHORIZED BY THE (| SOVERNING BODY OF | THE APPLICANT AND | THE APPLICANT WILL COMPLY WITH THE |
| ATTACHED ASSURANCES IF | THE ASSISTANCE IS AV | varded. b. Title | | c. Telephone Number |
| a. Type Name of Authorized Re | | Executive | Director | (510) 231-3927 |
| Rick Aubry, Ph. d. Signature of Authorized Repre | esentetive | THE STATE OF THE S | | e. Date Signed |
| | # 1 | | | 7/9/02 Standard Form 424 (Rev. 7-97) |
| Previous Edition Usable | - · · | | | Prescribed by OMB Circular A-102 |

Authorized for Local Reproduction

| APPLIC | ATION FOR | 2. DATE SUBMITTED | FRETV | Applicant Identifier | | | |
|--|--|---|---|---|--|--|--|
| | AL ASSISTANCE | July 8, 20 | O2 DEGFUV | + | | | |
| 1. TYPE OF S Application Const | Preapplicati | ection | JUL 16 ZU | | | | |
| □X□ Non-Con | struction □ □ Non-Co | 4. DATE RECEIVED BY FED | STATE CLEARIN | GHOUSE . | | | |
| 5. APPLICAN | TINFORMATION | | STATE | | | | |
| Legal Name: Fresno County | / Economic Opportunities C | ommission | Organizational Unit Same | | | | |
| Address (give o | city, county, state, and zip cod | e) | Name and telephone number of the p | | | | |
| 1920 Maripo Fresno, CA Fresno Cou | | | | · · · | | | |
| 6. EMPLOYER | RIDENTIFICATION NUMBER | (EIN) | 7. TYPE OF APPLICATION: (enter | appropriate letter in box) N | | | |
| 94 - 160651 | 9 | | | ndent School Dist. Controlled Institution of Higher Learning | | | |
| 8. TYPE OF AF | PLICATION: | | C. Municipal J. Private | University | | | |
| X New | Continuation Revision | • | D. Township K. Indian E. Interstate L. Individ | uał | | | |
| | er appropriate letter(s) in box(| • | | Organization (Specify) Private non-profit | | | |
| A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify); | | | 9. NAME OF FEDERAL AGENCY: | | | | |
| | | | U. S. Department of Health & Human Services Administration for Children & Families | | | | |
| 10. CATALOG | OF FEDERAL DOMESTIC A | | 11. DESCRIPTIVE TITLE OF APPLIC | CANT'S PROJECT: | | | |
| Title: COM | MUNITY FOOD & NUTR | 93.5 ITION PROGRAM | 71 FCEOC Sanctuary Community Food & Nutrition F | Program | | | |
| | FECTED BY PROJECT (citie Fresno County and City | | | _ | | | |
| 13. PROPOSE | | 14. CONGRESSIONAL DISTRICTS OF: | 1, 5 | | | | |
| Start Date 9/1/2002 | Ending Date 8/31/2003 | a. Applicant 18 | b. Project 15, 17, 18 | | | | |
| 15. ESTIMATE | D FUNDING: | 16. IS APPLICATION SUBJECT TO REV | VIEW BY STATE EXECUTIVE ORDER 1 | 2372 PROCESS? | | | |
| a. Federal | 50,000 | | APPLICATION WAS MADE AVAILABLE 1 | TO THE | | | |
| b. Applicant | 0 | | R 12372 PROCESS FOR REVIEW ON: | | | | |
| c. State | 0 | DATE: 7/8/02 | | | | | |
| d. Local | 0 | b. NO PROGRAM IS NOT COVERED BY E.O. 12372 | | | | | |
| | | | OT BEEN SELECTED BY STATE FOR RE | EVIEW | | | |
| f. Program Inco | ome O | 17. IS THE APPLICANT DELINQUENT (| ON ANY FEDERAL DEBT? | | | | |
| g. TOTAL | \$50,000 | If "Yes" attach an explanation | No X | | | | |
| DOCUMENT H | ST OF MY KNOWLEDGE AN AS BEEN DULY AUTHORIZE SURANCES IF THE ASSISTA | D BELIEF, ALL DATA IN THIS APPLICA' D BY THE GOVERNING BODY OF THE ANCE IS AWARDED. | APPLICANT AND THE APPLICANT WIL | L COMPLY WITH THE | | | |
| a. Typed Name | of Authorized Representative | | b. Title EOC Executive Director | c. Telephone number (559) 263-1010 | | | |
| Roger Pal | OMINO Authorized Representative | / | JEOU EXCOUNTE DISCION | e. Date Signed | | | |
| a. Organicale of | AMU) L | Consult . | | 7/8/02 | | | |
| | | Authorized for Local Repro- | duction | | | | |

Standard Form 424 (Rev 4-92) Prescribed by OMB Circular A-102

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| | | | | | TO BE PPOVIVNO B34B-0043 |
|--|---|--|---------------------------------------|--|--|
| · | | 2 DATE SUBMITTE | ED, | Applicant | Identifier |
| ICATION FOR RAL ASSISTAN | ICE | 07/05/0 | 0'' | CI-10 AOD | |
| | | 3. DATE HECE | | · · · · · · · · · · · · · · · · · · · | |
| Construction | application Construction | 4, DATE RECEIVE | O BY FED | ERAL AGENCY Federal to | STATE CLEARING HOUSE |
| Non-Construction [| Non-Construction | | | | |
| CANT INFORMATION | | | | Organizational Unit: SHERIFF'S DEPAR | TMENT |
| | | | 1 | SHERIFF 5 DEFA | to a serior to be contacted on matters involving |
| NTY OF LOS ANGI | ELES nd zip code): | | | This application (and more - | er of the person to be contacted on matters involving Solotion RANTS UNIT MANAGER RANTS SHERIFF'S DEPARTMENT |
| ss (give city. county, and | | | | JUDY TORRES, OF | RANTS UNIT MANAGEMENT UNTY SHERIFF'S DEPARTMENT |
| OO RAMONA BOULE | VARD 4 91754-1 | 2169 | | (323) 526-5143 | |
| NTEREY PARK, CA | 7 31174 | - | | (323) 320 323 | and the first in box) |
| - | | | | 7. TYPE OF APPLICANT: (| enter appropriate total |
| IPLOYER IDENTIFICATION HUS | MBER (EIN): | | | A. State | H. Independent Screen of Higher Learning 1, State Controlled Institution of Higher Learning |
| - | -1-121 | 0 9 2 | 7 | B. County | J. Private University |
| 9 5 | | <u> </u> | | C. Municipal | K Indian Tribe |
| PE OF APPLICATION: | | | | D. Township E. Interstate | L. Individual |
| ď | ₫X New □ | Continuation | levision | F. Intermunicipal | M. Profit Organization |
| , | - | - | | G. Special District | N. Other (Specify): |
| edsion, enter appropriate le | ener(s) in box(es): | | umilian | 1 | CALCY |
| A. Increase Award | 8. Decresse ver | ard C, Increase Du | D) I acri | 9. NAME OF FEDERAL AG | ENC1. |
| D. Decrease Duration | Other (specify): | | | US DEPARTMENT | OF JUSTICE |
| 0 . 2 • · | | | | 03 PB::: | no project: |
| | | 16.17 | 1 0 | 11. DESCRIPTIVE TITLE | DE APPLICANT'S PROJECT: |
| APPREHENS | ENSITY CRI | ROSECUZZ | HICAAI | AND PROSECUT | TY CRIMINAL ALIEN APPREHENSION ION (HICAAP) PROGRAM IT OF JUSTICE 07/01/00 TO 06/30/01 |
| 2. AREAS AFFECTED BY PRO | DECT (chiès, countie | S, SCALES, OLC.): CONSTITUENT | CITIE | | 07/01/00 10 00 |
| 2. AREAS AFFECTED BY PRO LOS ANGELES COI | JECT (chiès, counte INTY, ITS | CONSTITUENT (| CITIE: | | 07/01/00 10 00, |
| | JECT (chiès, counte INTY, ITS | CONSTITUENT (| CITIE | | 07/01/00 10 00, |
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Application for Federal U.S. Department of Education Form Approved Education Assistance (ED) 41 OMB No. 1875-0106 Exp. 11/30/2004 2002 Organizational Unit **Applicant Information** 1. Name and Address Legal Name: Family Connections El Dorado Ir STATE CLEARING HOUSE Address: 344 Placerville Drive Suite 10 95667 El Dorado County CA Placerville ZIP Code + 4 State County City 6. Novice Applicant <u>x</u> Yes ___No 2. Applicant's D-U-N-S Number 1 15 9 6 4 6 8 3 5 7. Is the applicant delinquent on any Federal debt? ___Yes 3. Applicant's T-I-N \[9 \[4 \] - \[2 \[6 \[3 \] \] 3 \[0 \[1 \] \[6 \] xNo (If "Yes." attach an explanation.) 4. Catalog of Federal Domestic Assistance #: 84.__1___8__4__B___ Title: Safe and Drug-Free Schools and Communities National Program (B) **8.** Type of Applicant (Enter appropriate letter in the box.) L F - Independent School District A - State G - Public College or University B - Local H - Private, Non-profit College or University C - Special District 5. Project Director: Wendy Wood I - Non-profit Organization D - Indian Tribe J - Private, Profit-Making Organization E - Individual Address: 344 Placerville Drive Suite 10 K - Other (Specify): 95667 Placerville Zip code + 4 State City Tel. #: (530) 626-5164 Fax #: (530) 626-0670 E-Mail Address: wendywood@familyconnected.org **Application Information** 12. Are any research activities involving human subjects 9. Type of Submission: planned at any time during the proposed project period? -Application -PreApplication Yes (Go to 12a.) $\underline{\mathbf{x}}$ No (Go to item 13.) Construction Construction xNon-Construction x Non-Construction 12a. Are all the research activities proposed designated to be exempt from the regulations? 10. Is application subject to review by Executive Order 12372 process? X Yes (Date made available to the Executive Order 12372 Yes (Provide Exemption(s) #): process for review): _07_/_02_/_2002__ ____ No (Provide Assurance #): No (If "No," check appropriate box below.) 13. Descriptive Title of Applicant's Project: Program is not covered by E.O. 12372. Program has not been selected by State for review. El Dorado County School Mentor Project 11. Proposed Project Dates: 09/01/2002 08/31/2005

| Start Date: | End Date: |
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| Estimated Funding | | | | Authorized Representative Information 15. To the best of my knowledge and belief, all data in this preapplication/application are |
|-------------------|--------------|---------|----|---|
| true | | | | |
| 14a. Federal | \$ | 171,600 | 00 | and correct. The document has been duly authorized by the governing body of the |
| applicant | | | | |
| b. Applicant | \$ _ | 235,000 | 00 | and the applicant will comply with the attached assurances if the assistance is |
| awarded. | | | | |
| c. State | \$ | | 00 | a. Authorized Representative (Please type or print name clearly.) |
| d. Local | \$_ | | 00 | Wendy Wood MPA |
| e. Other | \$_ | | 00 | b. Title: Executive Director |
| f. Program Incom | ne \$ | | 00 | c. Tel. #: (530) 626-5164 Fax #: (530) 626-0670 |
| | | | | d. E-Mail Address: wendywood@familyconnected.org |
| g. TOTAL | \$_ | 406,600 | 00 | e. Signature of Authorized Representative |
| | | | | |